Welcome to your briefing as a WV National Guard Permanent Federal Excepted Service Technician.

Permanent Employee Presentation

This briefing is divided into two parts:

1. The first part contains information and forms directly relating to your employment. These forms must be turned into the HRO and/ or payroll office no later than the end of the first week of your employment.
2. The second is your benefits information coordinated by the Army Benefits Center in Ft. Riley, KS.

Permanent Employee Presentation

- The purpose of this PowerPoint is to provide new employees with a basic understanding of the technician program and equip them with the knowledge of their benefits and entitlements that are now available.
- Also, this presentation allows employees to work at their own pace and complete the required forms and can be referenced for refresher training as often as needed.

Permanent Employee Presentation

- There is very important information located in the Notes Section of this PowerPoint.
- If you are in ‘Slideshow’ Mode, you can exit and navigate to the ‘Norma’l view of the PowerPoint Presentation to review the slides and notes section of this PowerPoint.
- You will need the instructions located in the notes page to complete the necessary paperwork in the upcoming section.

What is a Federal Excepted Service Technician?

With your selection as a National Guard Technician, you have become a federal employee covered by the National Guard Technician Act of 1968 (Public Law 90-486).

Because of this law, you may be referred to as a military technician. Your primary mission as a military technician is to provide day-to-day continuity in the operation and training of Army and Air National Guard units.

What is a Federal Excepted Service Technician?

Military Technicians are employees of the Department of Army or Department of the Air Force. Dual Status Military Technicians are required to maintain military membership in the National Guard in order to retain employment. Non-Dual status technicians are not required to maintain military membership.

However, unlike other Federal employees, the Adjutant General has the authority to affect employment and is the level of final appeal for most personnel actions. With few exceptions, a military technician enjoys the same benefits, privileges and rights as other federal employees.

What is a Federal Excepted Service Technician?

Positions in the National Guard Technician Program that require military membership in the National Guard as a condition of technician employment are considered excepted service under the provisions of 32 USC 709.

This status means you are “excepted” from the rules that govern civil service employees in the areas of tenure and competitive requirements for appointments. Loss of military membership for any reason will cause termination of technician employment.

Mission of the Human Resource Office:

Plan, direct, and administer human resource programs for all full-time National Guard personnel to ensure relevance by leveraging technology, improving our processes and disseminating timely and accurate information so that we can provide a trained and ready workforce to meet mission requirements.

The HRO

Our office assists West Virginia National Guard Soldiers and Airmen with every aspect of their career as a Federal Technician.

Directions to the HRO

Human Resource Office
1703 Coonskin Drive
Charleston, WV 25311

Located: (Building on the left with the Flagpole) Go to the flag pole in front of building and enter the set of angled double doors in the corner. Once inside the building, go to the top floor and all the way to the end of the long hallway.

Important Reminder

The Department of Labor requires that the following statement be given to each newly hired and rehired Federal employee:

“If you have applied for or have been receiving Unemployment Insurance benefit payments, it is your responsibility, under penalty of law, to notify the appropriate local office, in writing, to discontinue the issuance of Unemployment Insurance checks now that you are employed. Failure to notify the State agency can result in a penalty such as a fine, imprisonment, or both.”

THE BEGINNING

As with any new job, there is an enormous amount of paperwork to complete. This time is no different.

It is a REQUIREMENT that you complete the following forms.

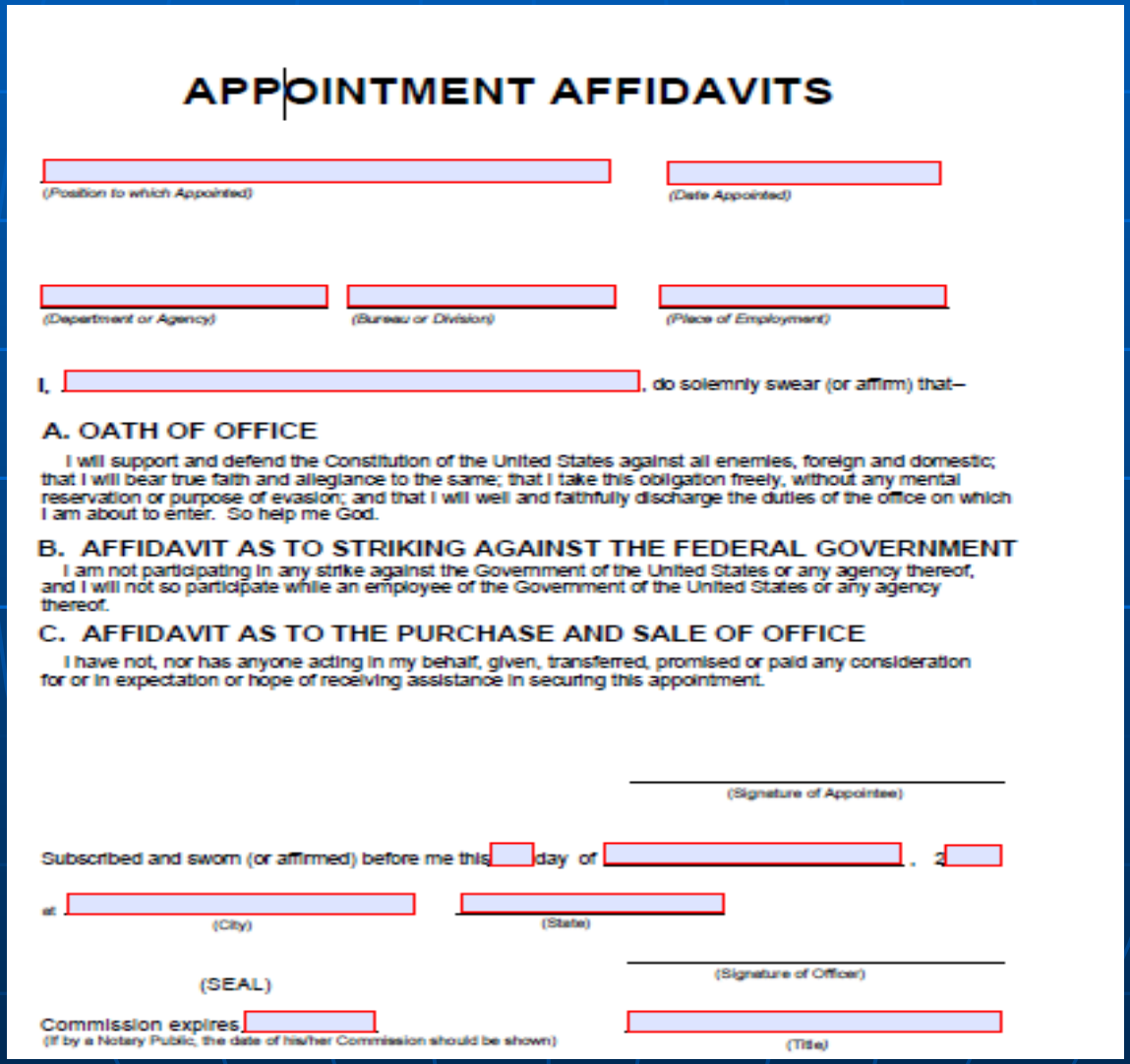
.....So, lets get started!

Forms

Print and have ready all forms needed for permanent technicians. They are located at on the HRO website under New Technician Information, Permanent Employee In-Processing Information.

By doing this, you will be able to go through the forms and fill them out in accordance with this presentation.

SF 61 Appointment Affidavit



APPOINTMENT AFFIDAVITS

(Position to which Appointed) (Date Appointed)

(Department or Agency) (Bureau or Division) (Place of Employment)

I, _____, do solemnly swear (or affirm) that–

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this ____ day of _____, 2____

at _____ _____
(City) (State)

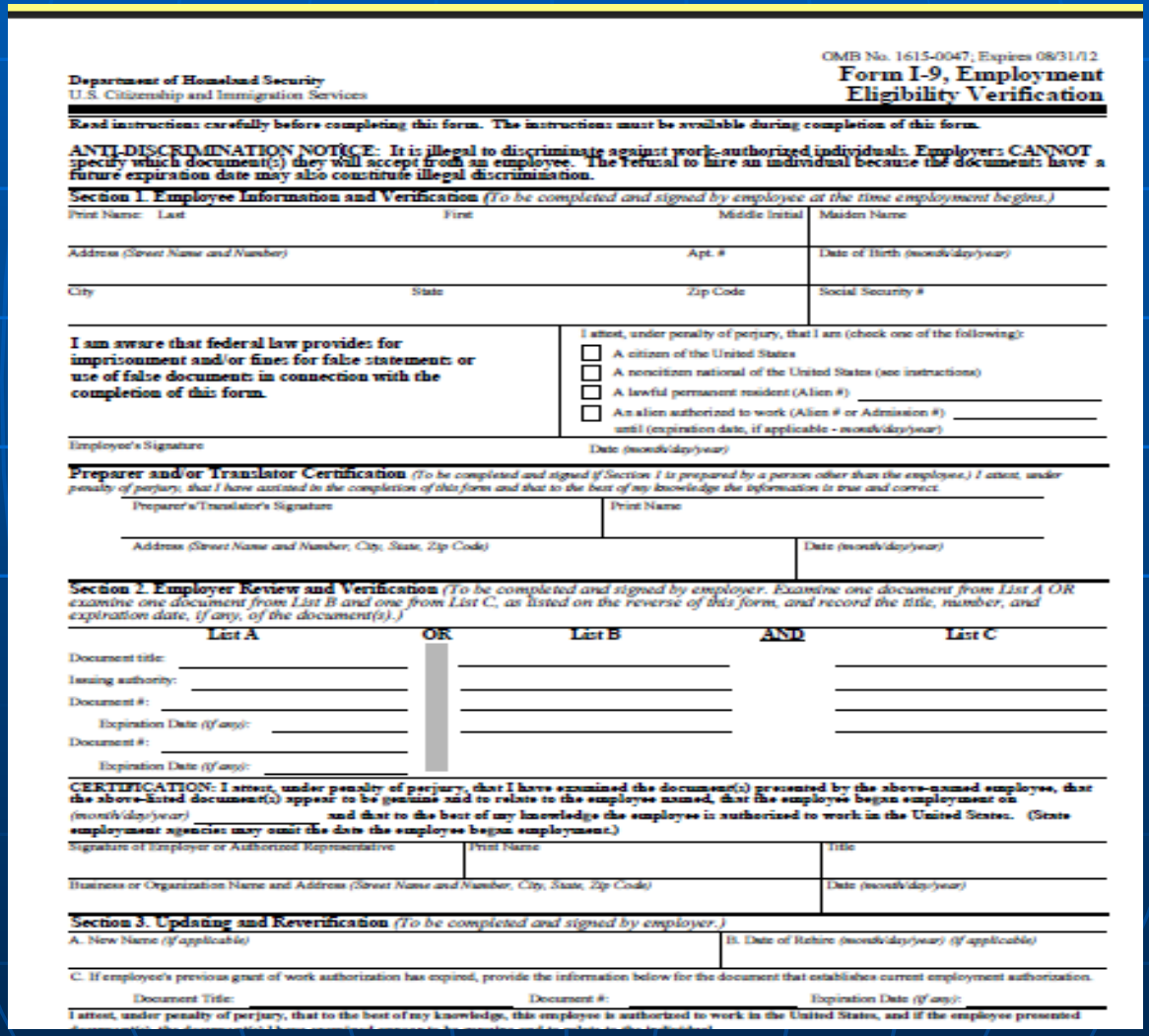
(Signature of Officer)

(SEAL)

Commission expires _____
(If by a Notary Public, the date of his/her Commission should be shown)

(Title)

Form I-9, Employment Eligibility Verification



OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last | First | Middle Initial | Maiden Name

Address *(Street Name and Number)* | Apt. # | Date of Birth *(month/day/year)*

City | State | Zip Code | Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) _____
- ☐ An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*) _____

Employee's Signature | Date *(month/day/year)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature | Print Name

Address *(Street Name and Number, City, State, Zip Code)* | Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title:				
Issuing authority:				
Document #:				
Expiration Date *(if any)*:				
Document #:				
Expiration Date *(if any)*:				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative | Print Name | Title

Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)* | Date *(month/day/year)*

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

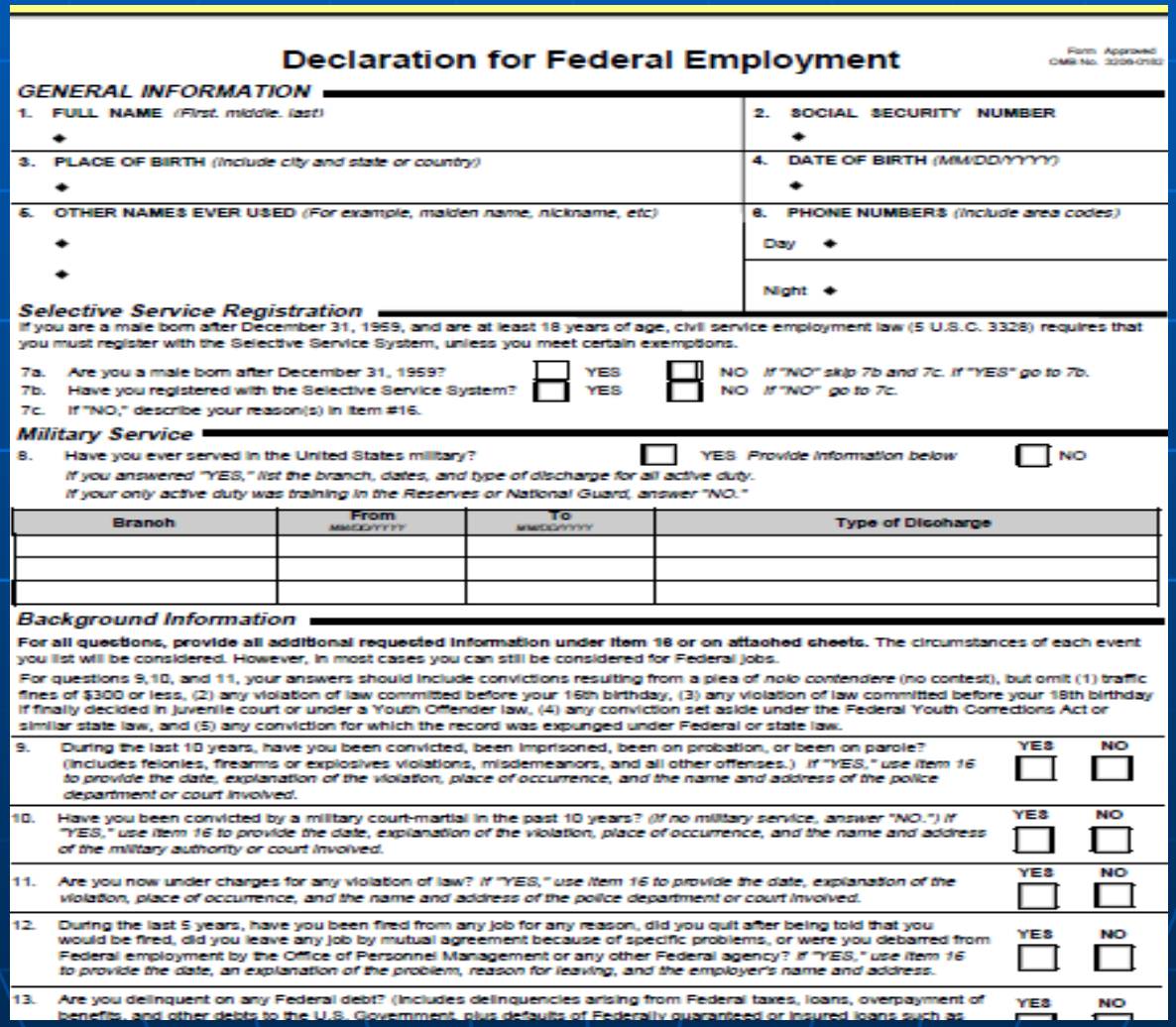
A. New Name *(if applicable)* | B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: | Document #: | Expiration Date *(if any)*:

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented

OF 306, Declaration for Federal Employment



Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

GENERAL INFORMATION

1. FULL NAME *(First, middle, last)*
2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH *(Include city and state or country)*
4. DATE OF BIRTH *(MM/DD/YYYY)*
5. OTHER NAMES EVER USED *(For example, maiden name, nickname, etc)*
6. PHONE NUMBERS *(Include area codes)*
   Day
   Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
7b. Have you registered with the Selective Service System? ☐ YES ☐ NO *If "NO" go to 7c.*
7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? ☐ YES *Provide information below* ☐ NO
If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 10 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* ☐ YES ☐ NO

11. Are you now under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* ☐ YES ☐ NO

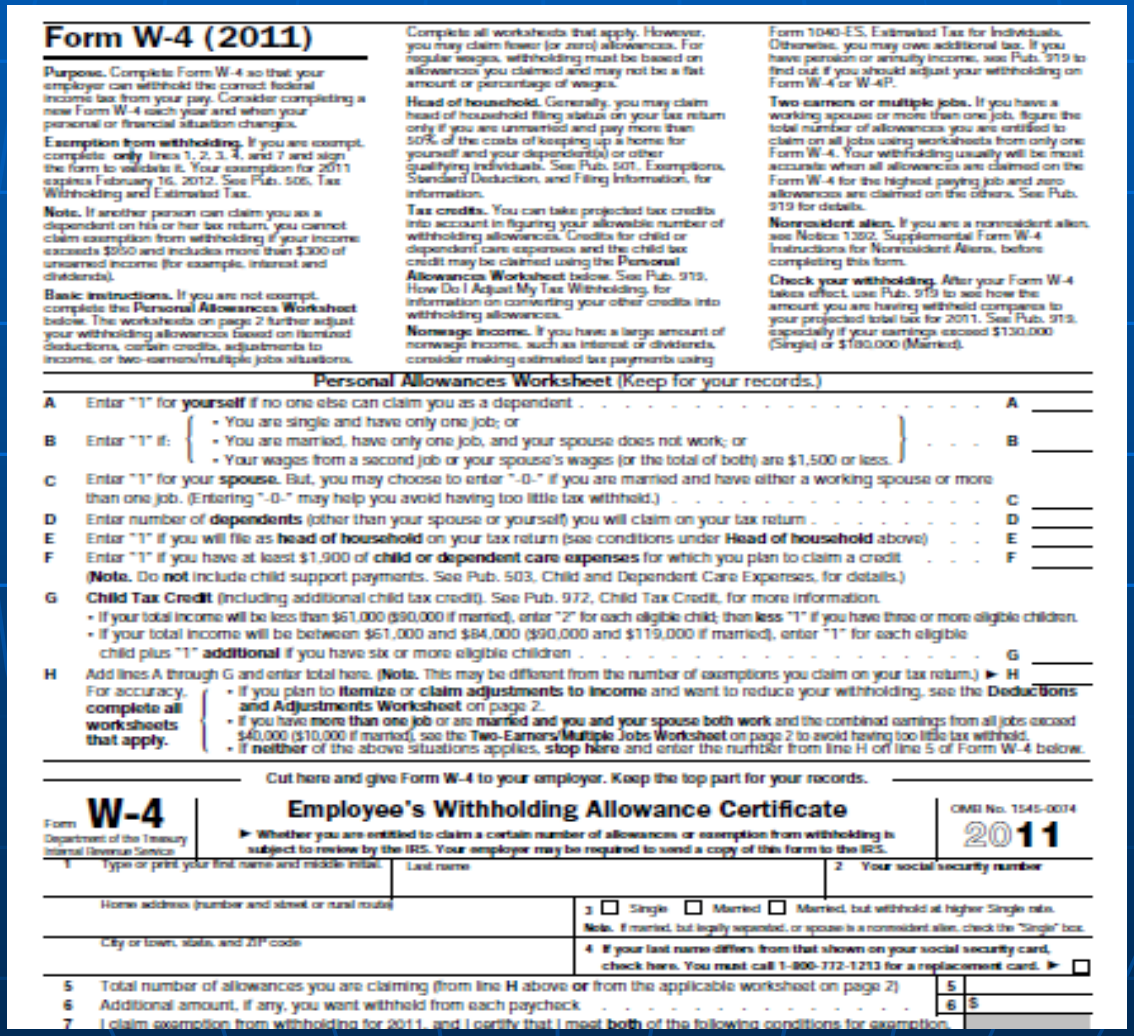
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as ☐ YES ☐ NO

Pay Documents $$$

Next you will complete paperwork to get paid. That is unless you want to work for FREE!!! Depending on your component (Army or Air) follow the instructions below.

- ARMY TECHNICIANS
  Complete the next four forms and submit to the HRO!! We will forward your pay documents to the USPFO once received.
- 130th/167thTECHNICIANS
  You need to turn in all four pay documents to your payroll office. These forms will NOT come to the HRO.

Form W-4



Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A	
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	B	
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	E	
F	Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit (**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children. • If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children	G	
H	Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ►	H	

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4** — Department of the Treasury, Internal Revenue Service

Employee's Withholding Allowance Certificate

► **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2011

1 Type or print your first name and middle initial. Last name — 2 **Your social security number**

Home address (number and street or rural route)

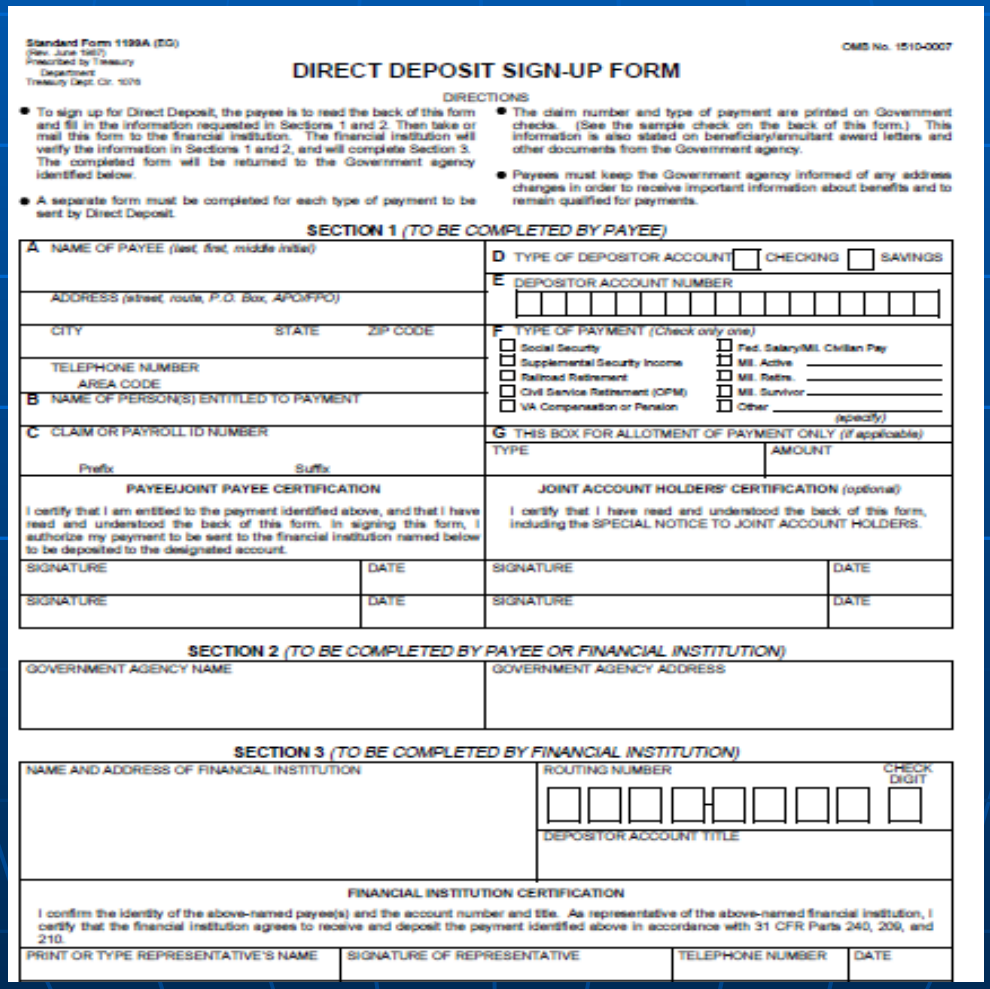
City or town, state, and ZIP code

3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ► ☐

5	Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)	5	
6	Additional amount, if any, you want withheld from each paycheck	6	$
7	I claim exemption from withholding for 2011, and I certify that I meet **both** of the following conditions for exemption.		

SF 1199A, Direct Deposit Sign-Up Form



Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY STATE ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER
Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire.
- ☐ Mil. Survivor
- ☐ Other _____ *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*
TYPE AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE DATE
SIGNATURE DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE DATE
SIGNATURE DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME

GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER CHECK DIGIT

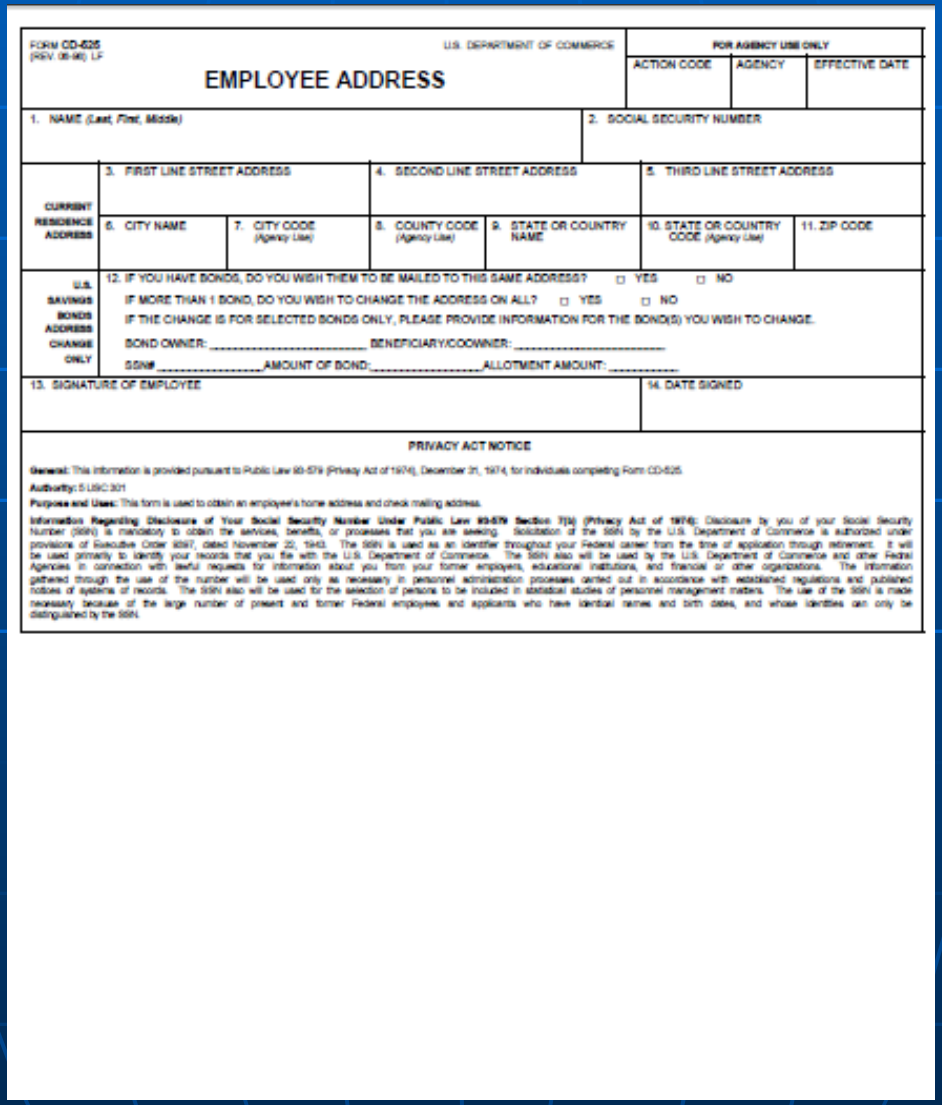
DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE

CD-525



FORM CD-525
(REV. 09-98) LF

U.S. DEPARTMENT OF COMMERCE

EMPLOYEE ADDRESS

FOR AGENCY USE ONLY		
ACTION CODE	AGENCY	EFFECTIVE DATE

1. NAME (Last, First, Middle)

2. SOCIAL SECURITY NUMBER

CURRENT RESIDENCE ADDRESS

3. FIRST LINE STREET ADDRESS

4. SECOND LINE STREET ADDRESS

5. THIRD LINE STREET ADDRESS

6. CITY NAME

7. CITY CODE (Agency Use)

8. COUNTY CODE (Agency Use)

9. STATE OR COUNTRY NAME

10. STATE OR COUNTRY CODE (Agency Use)

11. ZIP CODE

U.S. SAVINGS BONDS ADDRESS CHANGE ONLY

12. IF YOU HAVE BONDS, DO YOU WISH THEM TO BE MAILED TO THIS SAME ADDRESS? ☐ YES ☐ NO

IF MORE THAN 1 BOND, DO YOU WISH TO CHANGE THE ADDRESS ON ALL? ☐ YES ☐ NO

IF THE CHANGE IS FOR SELECTED BONDS ONLY, PLEASE PROVIDE INFORMATION FOR THE BOND(S) YOU WISH TO CHANGE.

BOND OWNER: _____ BENEFICIARY/COOWNER: _____

SSN# _____ AMOUNT OF BOND: _____ ALLOTMENT AMOUNT: _____

13. SIGNATURE OF EMPLOYEE

14. DATE SIGNED

PRIVACY ACT NOTICE

General: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Form CD-525.

Authority: 5 USC 301

Purpose and Uses: This form is used to obtain an employee's home address and check mailing address.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b) (Privacy Act of 1974): Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the U.S. Department of Commerce is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the U.S. Department of Commerce. The SSN also will be used by the U.S. Department of Commerce and other Federal Agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

DD 2058

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Tax Reform Act of 1976, Public Law 94-455.
PURPOSE:	Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.
ROUTINE USES:	Information herein will be furnished State authorities and to Members of Congress.
MANDATORY OR VOLUNTARY DISCLOSURE:	Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME *(Last, first, middle initial)*

SOCIAL SECURITY NUMBER *(SSN)*

LEGAL RESIDENCE/DOMICILE *(City or county and State)*

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

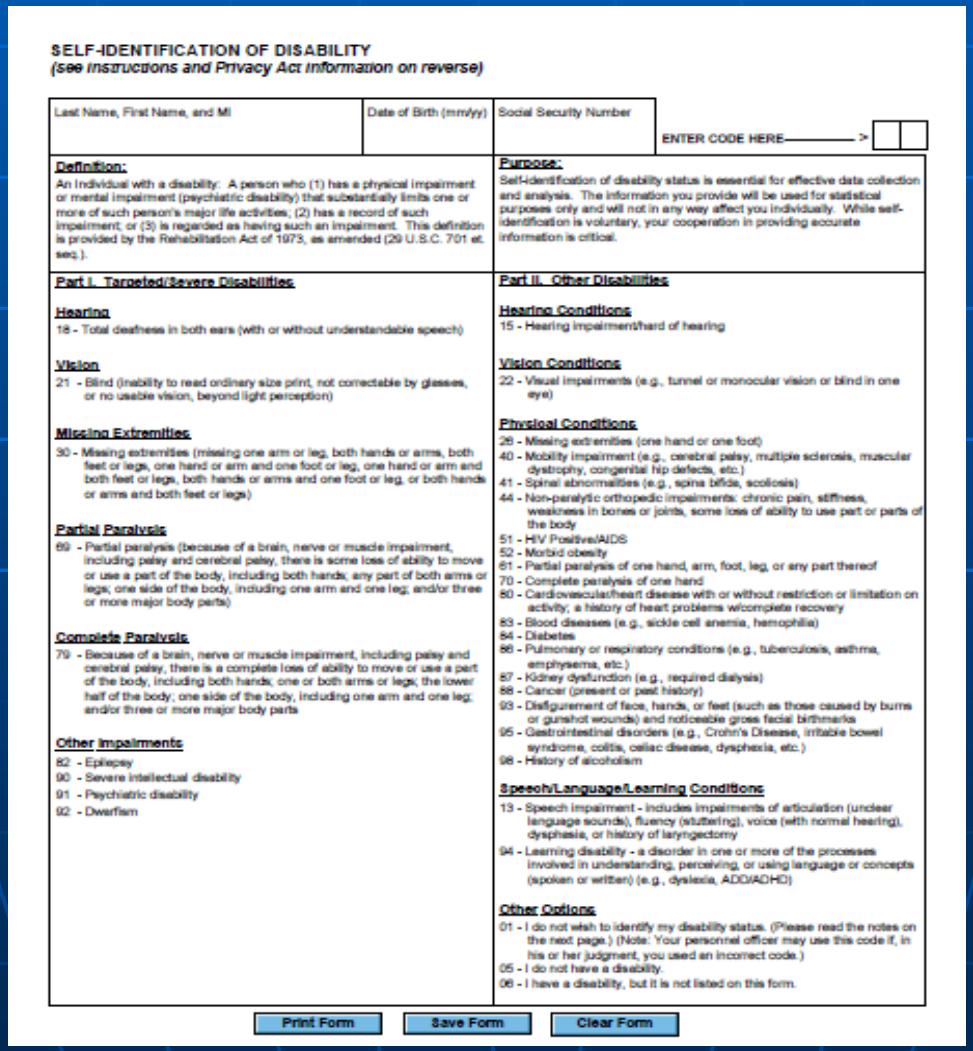
Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

SIGNATURE	CURRENT MAILING ADDRESS *(Include ZIP Code)*	DATE

SF 256, Self-Identification of Handicap



SELF-IDENTIFICATION OF DISABILITY
(See instructions and Privacy Act information on reverse)

Last Name, First Name, and MI	Date of Birth (mm/yy)	Social Security Number	ENTER CODE HERE———>

Definition:
An Individual with a disability: A person who (1) has a physical impairment or mental impairment (psychiatric disability) that substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701 et. seq.).

Purpose:
Self-identification of disability status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

Part I. Targeted/Severe Disabilities

Hearing
18 - Total deafness in both ears (with or without understandable speech)

Vision
21 - Blind (inability to read ordinary size print, not correctable by glasses, or no usable vision, beyond light perception)

Missing Extremities
30 - Missing extremities (missing one arm or leg, both hands or arms, both feet or legs, one hand or arm and one foot or leg, one hand or arm and both feet or legs, both hands or arms and one foot or leg, or both hands or arms and both feet or legs)

Partial Paralysis
69 - Partial paralysis (because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including both hands; any part of both arms or legs; one side of the body, including one arm and one leg; and/or three or more major body parts)

Complete Paralysis
79 - Because of a brain, nerve or muscle impairment, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including both hands; one or both arms or legs; the lower half of the body; one side of the body, including one arm and one leg; and/or three or more major body parts

Other Impairments
82 - Epilepsy
90 - Severe intellectual disability
91 - Psychiatric disability
92 - Dwarfism

Part II. Other Disabilities

Hearing Conditions
15 - Hearing impairment/hard of hearing

Vision Conditions
22 - Visual impairments (e.g., tunnel or monocular vision or blind in one eye)

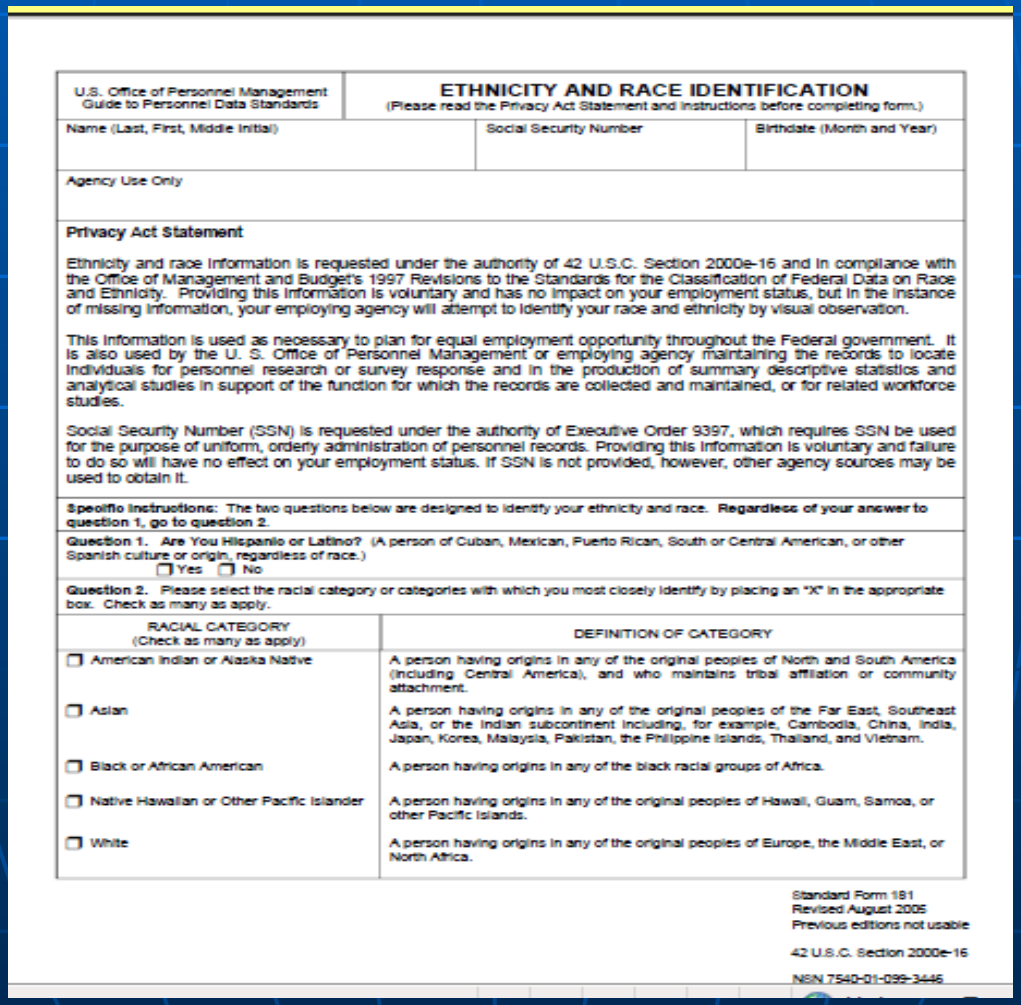
Physical Conditions
29 - Missing extremities (one hand or one foot)
40 - Mobility impairment (e.g., cerebral palsy, multiple sclerosis, muscular dystrophy, congenital hip defects, etc.)
41 - Spinal abnormalities (e.g., spina bifida, scoliosis)
44 - Non-paralytic orthopedic impairments: chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body
51 - HIV Positive/AIDS
52 - Morbid obesity
61 - Partial paralysis of one hand, arm, foot, leg, or any part thereof
70 - Complete paralysis of one hand
80 - Cardiovascular/heart disease with or without restriction or limitation on activity; a history of heart problems w/complete recovery
83 - Blood diseases (e.g., sickle cell anemia, hemophilia)
84 - Diabetes
86 - Pulmonary or respiratory conditions (e.g., tuberculosis, asthma, emphysema, etc.)
87 - Kidney dysfunction (e.g., required dialysis)
88 - Cancer (present or past history)
93 - Disfigurement of face, hands, or feet (such as those caused by burns or gunshot wounds) and noticeable gross facial birthmarks
95 - Gastrointestinal disorders (e.g., Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia, etc.)
98 - History of alcoholism

Speech/Language/Learning Conditions
13 - Speech impairment - includes impairments of articulation (unclear language sounds), fluency (stuttering), voice (with normal hearing), dysphasia, or history of laryngectomy
94 - Learning disability - a disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written) (e.g., dyslexia, ADD/ADHD)

Other Options
01 - I do not wish to identify my disability status. (Please read the notes on the next page.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)
05 - I do not have a disability.
06 - I have a disability, but it is not listed on this form.

Print Form | Save Form | Clear Form

SF 181, Ethnicity and Race Identification



U.S. Office of Personnel Management
Guide to Personnel Data Standards

ETHNICITY AND RACE IDENTIFICATION
(Please read the Privacy Act Statement and Instructions before completing form.)

Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)

Agency Use Only

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
☐ Yes ☐ No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
☐ American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
☐ Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ Black or African American	A person having origins in any of the black racial groups of Africa.
☐ Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Standard Form 181
Revised August 2005
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446

Standards Of Conduct for NG Technicians

STANDARDS OF CONDUCT FOR NATIONAL GUARD TECHNICIANS

Each technician has a positive duty to acquaint themselves with each statute that relates to their ethical and other conduct as a technician in the National Guard and as an employee of the Federal Government. The standards of conduct specified for technicians I/A/W FM Chapter 735 are as follows:

a. Activities related to private interest.
b. Membership in nongovernment organizations.
c. Solicitation of contributions.
d. Use OF Government facilities, property of services.
e. Outside employment.
f. Additional compensation.
g. Gambling.
h. Indebtedness.
i. General conduct.
j. Acceptance of gifts, entertainment, or favors,
k. Misuse of information.
l. Engagement in riots or civil disorders.
m. Dealing with military of civilian personnel.
n. Bribery and graft.

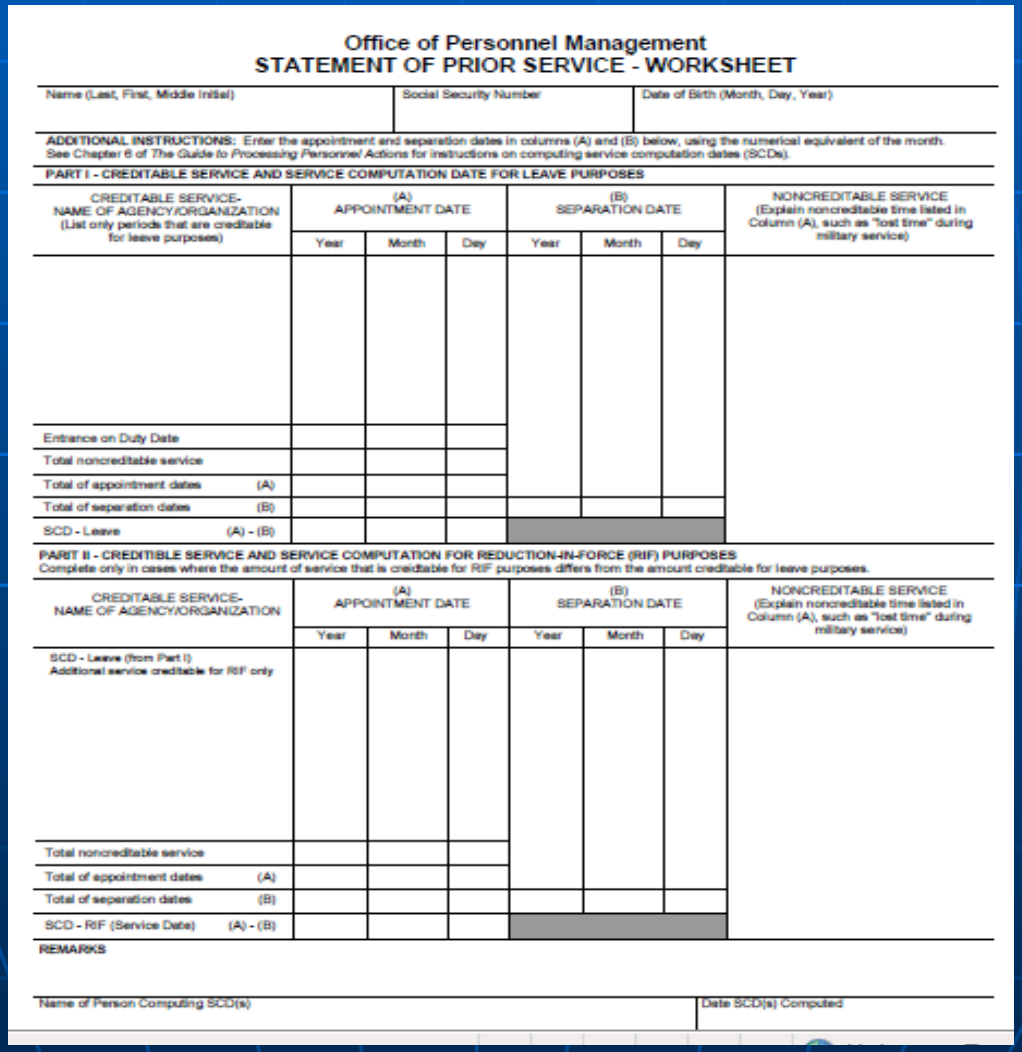
Each technician is required to sign this statement that he/she understands the Standards of Conduct as outlined in FPM Chapter 735.

_____

(Signature of Technician) (mm/dd/yyyy)

SPMO FORM 12

SF 144, Statement of Prior Federal Service



Office of Personnel Management
STATEMENT OF PRIOR SERVICE - WORKSHEET

Name (Last, First, Middle Initial)	Social Security Number	Date of Birth (Month, Day, Year)

ADDITIONAL INSTRUCTIONS: Enter the appointment and separation dates in columns (A) and (B) below, using the numerical equivalent of the month. See Chapter 6 of *The Guide to Processing Personnel Actions* for instructions on computing service computation dates (SCDs).

PART I - CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

CREDITABLE SERVICE-NAME OF AGENCY/ORGANIZATION (List only periods that are creditable for leave purposes)	(A) APPOINTMENT DATE			(B) SEPARATION DATE			NONCREDITABLE SERVICE (Explain noncreditable time listed in Column (A), such as "lost time" during military service)
	Year	Month	Day	Year	Month	Day	
Entrance on Duty Date							
Total noncreditable service							
Total of appointment dates (A)							
Total of separation dates (B)							
SCD - Leave (A) - (B)							

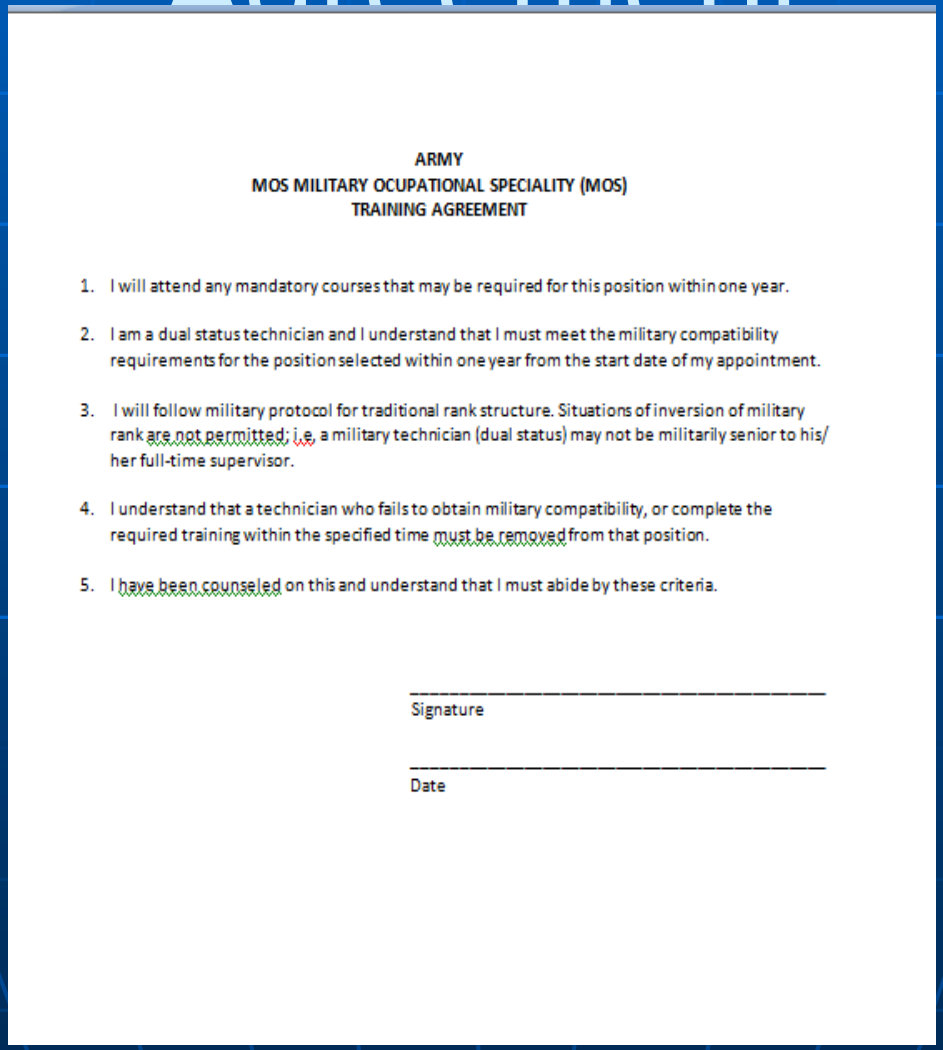
PART II - CREDITIBLE SERVICE AND SERVICE COMPUTATION FOR REDUCTION-IN-FORCE (RIF) PURPOSES
Complete only in cases where the amount of service that is creditable for RIF purposes differs from the amount creditable for leave purposes.

CREDITABLE SERVICE-NAME OF AGENCY/ORGANIZATION	(A) APPOINTMENT DATE			(B) SEPARATION DATE			NONCREDITABLE SERVICE (Explain noncreditable time listed in Column (A), such as "lost time" during military service)
	Year	Month	Day	Year	Month	Day	
SCD - Leave (from Part I) Additional service creditable for RIF only							
Total noncreditable service							
Total of appointment dates (A)							
Total of separation dates (B)							
SCD - RIF (Service Date) (A) - (B)							

REMARKS

Name of Person Computing SCD(s)	Date SCD(s) Computed

Army MOS Training Agreement



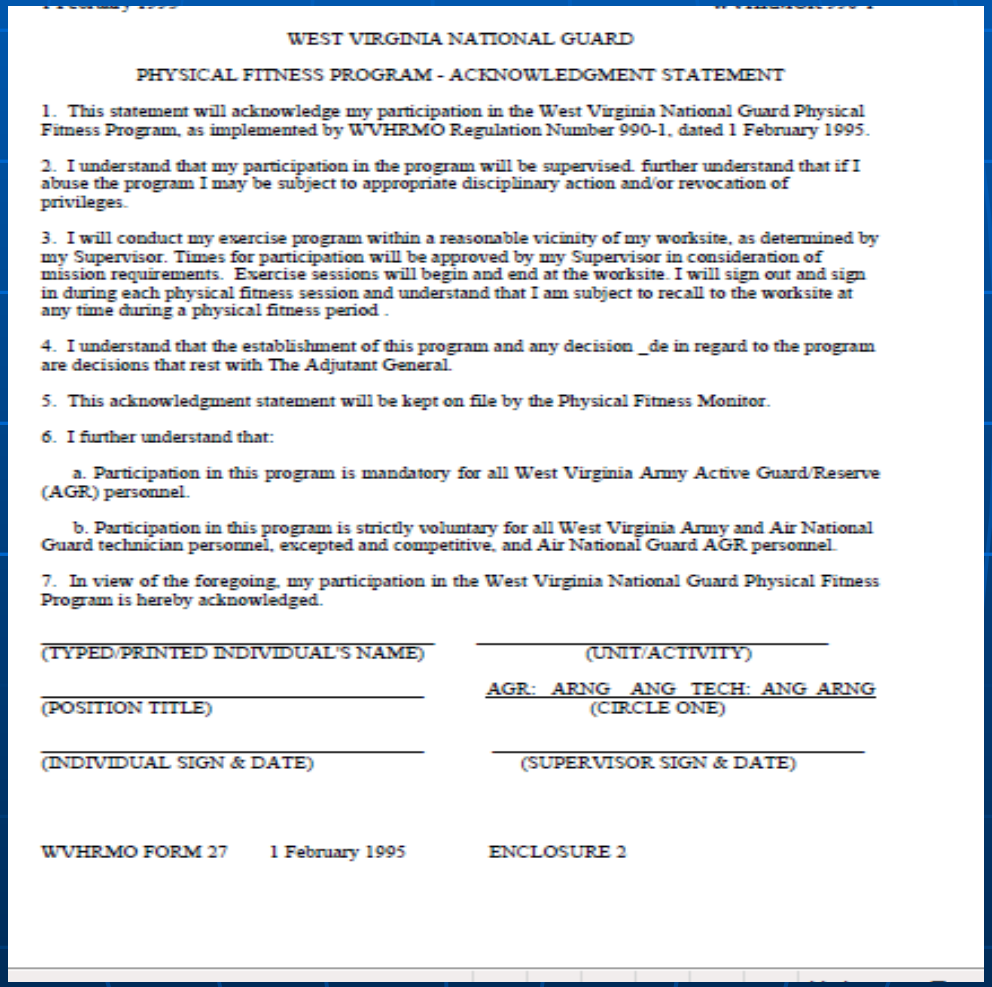
ARMY
MOS MILITARY OCUPATIONAL SPECIALITY (MOS)
TRAINING AGREEMENT

1. I will attend any mandatory courses that may be required for this position within one year.
2. I am a dual status technician and I understand that I must meet the military compatibility requirements for the position selected within one year from the start date of my appointment.
3. I will follow military protocol for traditional rank structure. Situations of inversion of military rank are not permitted; i.e, a military technician (dual status) may not be militarily senior to his/her full-time supervisor.
4. I understand that a technician who fails to obtain military compatibility, or complete the required training within the specified time must be removed from that position.
5. I have been counseled on this and understand that I must abide by these criteria.

_____
Signature

_____
Date

WV HRO 990-1, West Virginia National Guard Physical Fitness Program



WEST VIRGINIA NATIONAL GUARD

PHYSICAL FITNESS PROGRAM - ACKNOWLEDGMENT STATEMENT

1. This statement will acknowledge my participation in the West Virginia National Guard Physical Fitness Program, as implemented by WVHRMO Regulation Number 990-1, dated 1 February 1995.

2. I understand that my participation in the program will be supervised. further understand that if I abuse the program I may be subject to appropriate disciplinary action and/or revocation of privileges.

3. I will conduct my exercise program within a reasonable vicinity of my worksite, as determined by my Supervisor. Times for participation will be approved by my Supervisor in consideration of mission requirements. Exercise sessions will begin and end at the worksite. I will sign out and sign in during each physical fitness session and understand that I am subject to recall to the worksite at any time during a physical fitness period .

4. I understand that the establishment of this program and any decision _de in regard to the program are decisions that rest with The Adjutant General.

5. This acknowledgment statement will be kept on file by the Physical Fitness Monitor.

6. I further understand that:

a. Participation in this program is mandatory for all West Virginia Army Active Guard/Reserve (AGR) personnel.

b. Participation in this program is strictly voluntary for all West Virginia Army and Air National Guard technician personnel, excepted and competitive, and Air National Guard AGR personnel.

7. In view of the foregoing, my participation in the West Virginia National Guard Physical Fitness Program is hereby acknowledged.

_____ _____

(TYPED/PRINTED INDIVIDUAL'S NAME) (UNIT/ACTIVITY)

_____ AGR: ARNG ANG TECH: ANG ARNG

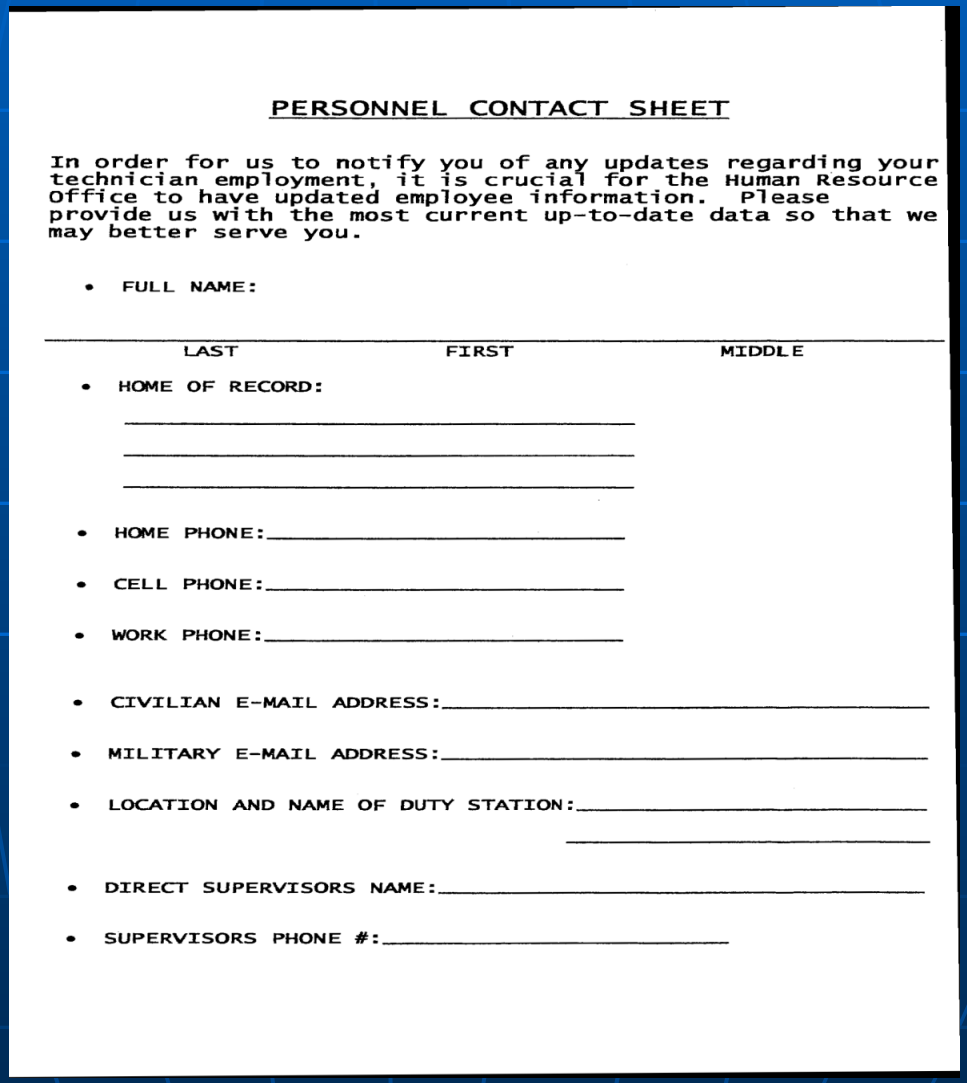
(POSITION TITLE) (CIRCLE ONE)

_____ _____

(INDIVIDUAL SIGN & DATE) (SUPERVISOR SIGN & DATE)

WVHRMO FORM 27 1 February 1995 ENCLOSURE 2

Personnel Contact Sheet



PERSONNEL CONTACT SHEET

In order for us to notify you of any updates regarding your technician employment, it is crucial for the Human Resource Office to have updated employee information. Please provide us with the most current up-to-date data so that we may better serve you.

- FULL NAME:

_____

LAST FIRST MIDDLE

- HOME OF RECORD:

_____

_____

_____

- HOME PHONE:_____
- CELL PHONE:_____
- WORK PHONE:_____
- CIVILIAN E-MAIL ADDRESS:_____
- MILITARY E-MAIL ADDRESS:_____
- LOCATION AND NAME OF DUTY STATION:_____

_____

- DIRECT SUPERVISORS NAME:_____
- SUPERVISORS PHONE #:_____

Congratulations!

You have completed almost all of the required forms of this presentation.

LEAVE TYPES

Leave Types

Leave is broken up in three categories.

- Paid
- Non paid
- Compensatory

Service Computation Dates (SCD)

What is an SCD?

LEAVE

Paid versus Non Paid Leave Types

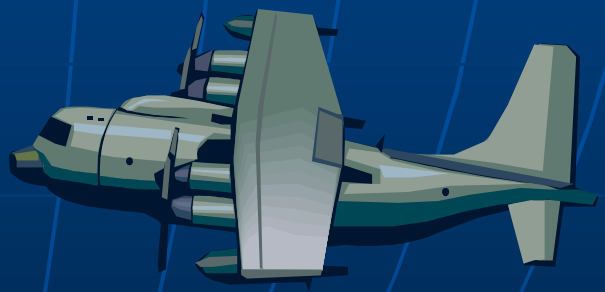
Annual LEAVE

Remember the SCD? This is where it matters!

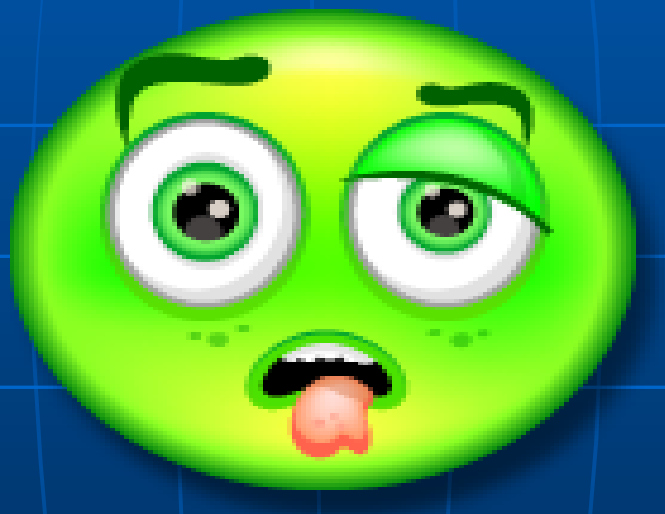
Military Leave

120 Hours per Fiscal Year

But no more than 120 hours can be carried over from year to year for a maximum total of 240.



Sick Leave (LS)



PAID LEAVE-Holiday Leave (LH)

NON PAID LEAVE- Personal LWOP (KA)

***CAUTION: LWOP for personal reasons that exceeds specific time limitations can delay the due date of the next step increase; it can eliminate leave accrual for the pay period; and can affect creditable service for the calendar year. Contact the HRO if you are concerned about the use of Personal LWOP.**

NON PAID LEAVE- Military LWOP-US (KG)

LWOP for military duty does not impact a due date of a Within Grade Increase (if applicable) and it does affect leave accrual by changing to prorated accrual*.

Pay attention to time card codes: (KA Versus KG)

AWOL

COMPENSATORY TIME EARNED-CE

Compensatory Time Earned (CE): CE is in lieu of overtime. Compensatory time is accrued only in support of the activity/base/unit missions and should be requested in advance and must be approved by the supervisor.

Comp Time for Travel

Compensatory Time off for Travel is earned by an employee for time spent in a travel status away from the employee's official duty station when such time is not otherwise compensable. Travel must be officially authorized for work purposes and must be approved by an agency official.

Timecards

Timecards must be submitted for all Federal Employees.

Technician Handbook

You can view the NGB Technician Handbook on the HRO website under New Employee Information.

National Guard Technician Handbook
Published by the National Guard Bureau, Office of Technician Personnel
People First, Mission Always!

Injuries at Work

As a Federal Employee you may be covered under the Federal Employees Compensation Act (FECA).

This law is in place to provide employees treatment and compensation as a result of an injury or disability sustained while in the performance of your duty as a technician.

Injuries at Work…Cont.

What do I do if I am injured in the performance of my job?

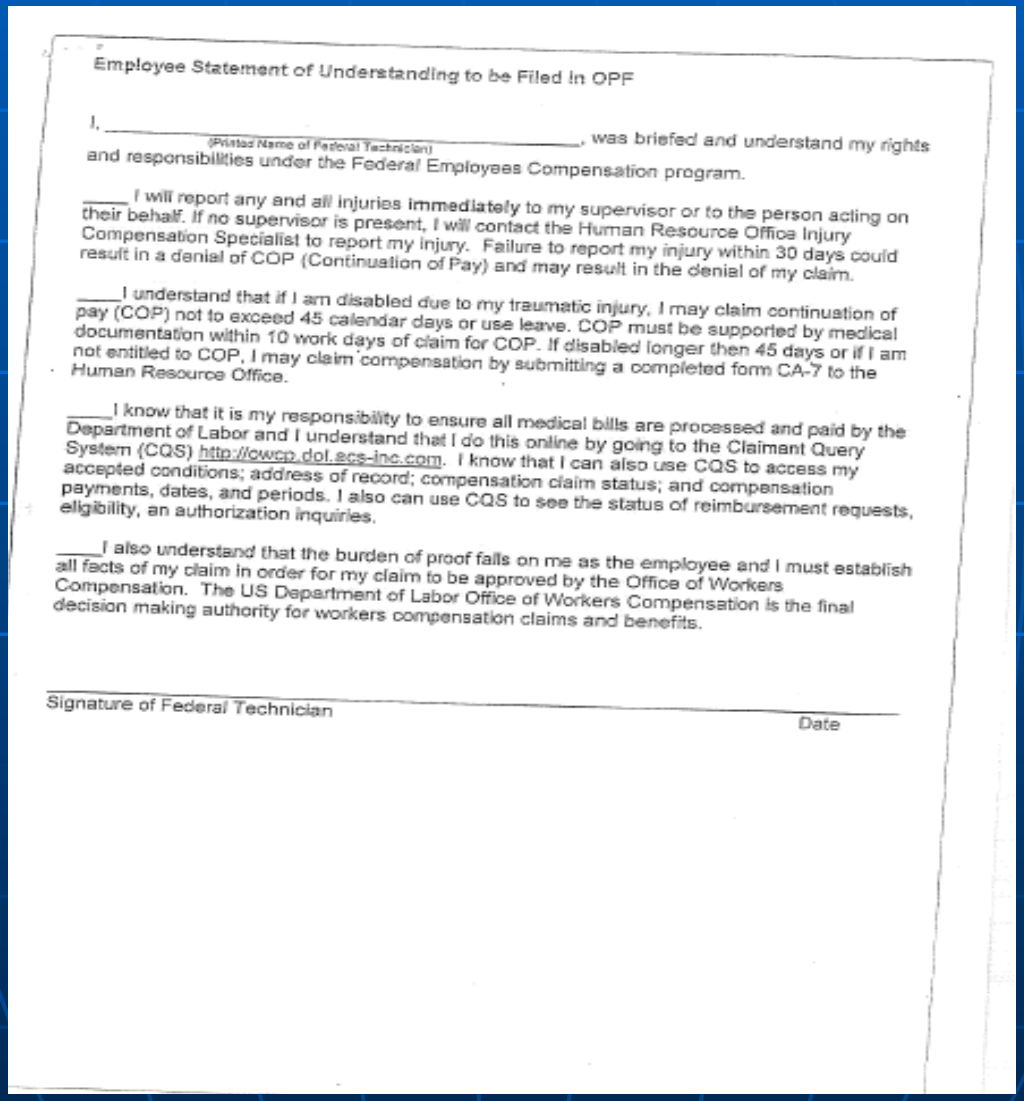
1. Report any injury or incident to your supervisor IMMDEIATELY. This is submitted to OWCP electronically and they then make a decision to accept or deny your claim.

2. Report any change in your medical status to your supervisor-Updated accurate medical information ensure that your claim is processed expediently.

ACTION REQUIRED:

You will need to read the OWCP Memo for New Employees, and sign and date the last page, and turn into HRO.

OWCP Memo



Employee Statement of Understanding to be Filed in OPF

I, _____ (Printed Name of Federal Technician), was briefed and understand my rights and responsibilities under the Federal Employees Compensation program.

_____ I will report any and all injuries immediately to my supervisor or to the person acting on their behalf. If no supervisor is present, I will contact the Human Resource Office Injury Compensation Specialist to report my injury. Failure to report my injury within 30 days could result in a denial of COP (Continuation of Pay) and may result in the denial of my claim.

_____I understand that if I am disabled due to my traumatic injury, I may claim continuation of pay (COP) not to exceed 45 calendar days or use leave. COP must be supported by medical documentation within 10 work days of claim for COP. If disabled longer then 45 days or if I am not entitled to COP, I may claim compensation by submitting a completed form CA-7 to the Human Resource Office.

_____I know that it is my responsibility to ensure all medical bills are processed and paid by the Department of Labor and I understand that I do this online by going to the Claimant Query System (CQS) http://owcp.dol.ecs-inc.com. I know that I can also use CQS to access my accepted conditions; address of record; compensation claim status; and compensation payments, dates, and periods. I also can use CQS to see the status of reimbursement requests, eligibility, an authorization inquiries.

_____I also understand that the burden of proof falls on me as the employee and I must establish all facts of my claim in order for my claim to be approved by the Office of Workers Compensation. The US Department of Labor Office of Workers Compensation is the final decision making authority for workers compensation claims and benefits.

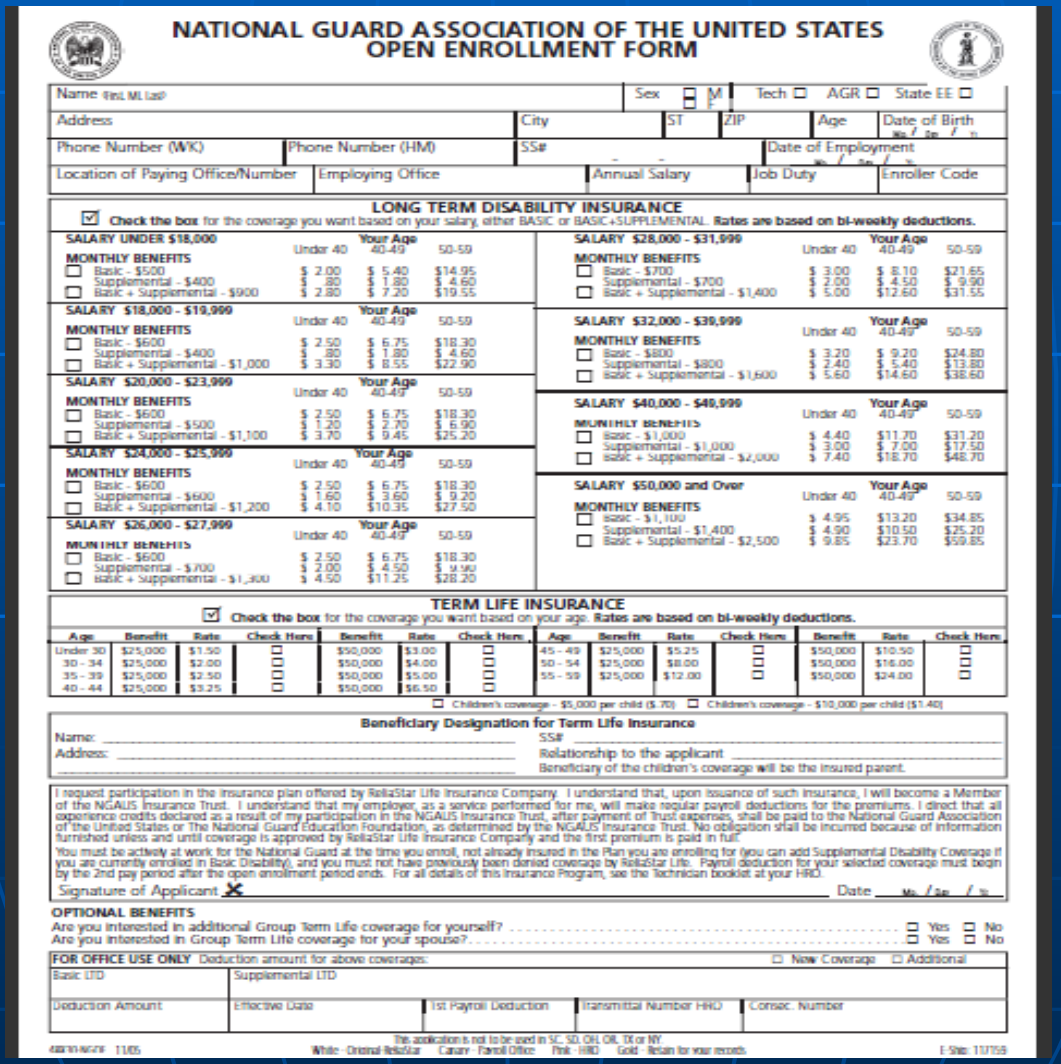
_____

Signature of Federal Technician Date

NGAUS Insurance

YOUR ACCEPTANCE TO OUR INSURANCE PLANS IS GUARANTEED
...If you apply during your first 31 days of employment or if you apply during an official enrollment.
ACT NOW BEFORE SPECIAL ELIGIBILITY ENDS!
GOOD NEWS!
Guaranteed protection for Technicians.
No health questions asked if you act during the Guaranteed Acceptance Period.
Technicians Insurance Program
Details inside.
The only plans endorsed by the National Guard Association of the United States, and the Enlisted Association of the National Guard of the U.S.

NGAUS Insurance



NATIONAL GUARD ASSOCIATION OF THE UNITED STATES
OPEN ENROLLMENT FORM

Name (First, MI, Last) | Sex ☐ M ☐ F | Tech ☐ AGR ☐ State EE ☐

Address | City | ST | ZIP | Age | Date of Birth (Mo / Day / Yr)

Phone Number (WK) | Phone Number (HM) | SS# | Date of Employment (Mo / Day / Yr)

Location of Paying Office/Number | Employing Office | Annual Salary | Job Duty | Enrollee Code

LONG TERM DISABILITY INSURANCE

☑ **Check the box** for the coverage you want based on your salary, either BASIC or BASIC+SUPPLEMENTAL. **Rates are based on bi-weekly deductions.**

SALARY UNDER $18,000	Your Age: Under 40	40-49	50-59
MONTHLY BENEFITS			
☐ Basic - $500	$ 2.00	$ 5.40	$14.95
☐ Supplemental - $400	$ .80	$ 1.80	$ 4.60
☐ Basic + Supplemental - $900	$ 2.80	$ 7.20	$19.55

SALARY $18,000 - $19,999	Your Age: Under 40	40-49	50-59
MONTHLY BENEFITS			
☐ Basic - $600	$ 2.50	$ 6.75	$18.30
☐ Supplemental - $400	$ .80	$ 1.80	$ 4.60
☐ Basic + Supplemental - $1,000	$ 3.30	$ 8.55	$22.90

SALARY $20,000 - $23,999	Your Age: Under 40	40-49	50-59
MONTHLY BENEFITS			
☐ Basic - $600	$ 2.50	$ 6.75	$18.30
☐ Supplemental - $500	$ 1.20	$ 2.70	$ 6.90
☐ Basic + Supplemental - $1,100	$ 3.70	$ 9.45	$25.20

SALARY $24,000 - $25,999	Your Age: Under 40	40-49	50-59
MONTHLY BENEFITS			
☐ Basic - $600	$ 2.50	$ 6.75	$18.30
☐ Supplemental - $600	$ 1.60	$ 3.60	$ 9.20
☐ Basic + Supplemental - $1,200	$ 4.10	$10.35	$27.50

SALARY $26,000 - $27,999	Your Age: Under 40	40-49	50-59
MONTHLY BENEFITS			
☐ Basic - $600	$ 2.50	$ 6.75	$18.30
☐ Supplemental - $700	$ 2.00	$ 4.50	$ 11.50
☐ Basic + Supplemental - $1,300	$ 4.50	$11.25	$29.80

SALARY $28,000 - $31,999	Your Age: Under 40	40-49	50-59
MONTHLY BENEFITS			
☐ Basic - $700	$ 3.00	$ 8.10	$21.65
☐ Supplemental - $700	$ 2.00	$ 4.50	$ 9.90
☐ Basic + Supplemental - $1,400	$ 5.00	$12.60	$31.55

SALARY $32,000 - $39,999	Your Age: Under 40	40-49	50-59
MONTHLY BENEFITS			
☐ Basic - $800	$ 3.20	$ 9.20	$24.80
☐ Supplemental - $800	$ 2.40	$ 5.40	$13.80
☐ Basic + Supplemental - $1,600	$ 5.60	$14.60	$38.60

SALARY $40,000 - $49,999	Your Age: Under 40	40-49	50-59
MONTHLY BENEFITS			
☐ Basic - $1,000	$ 4.40	$11.70	$31.20
☐ Supplemental - $1,000	$ 3.00	$ 7.00	$17.50
☐ Basic + Supplemental - $2,000	$ 7.40	$18.70	$48.70

SALARY $50,000 and Over	Your Age: Under 40	40-49	50-59
MONTHLY BENEFITS			
☐ Basic - $1,100	$ 4.95	$13.20	$34.85
☐ Supplemental - $1,400	$ 4.90	$10.50	$25.20
☐ Basic + Supplemental - $2,500	$ 9.85	$23.70	$59.85

TERM LIFE INSURANCE

☑ **Check the box** for the coverage you want based on your age. **Rates are based on bi-weekly deductions.**

Age	Benefit	Rate	Check Here	Benefit	Rate	Check Here	Age	Benefit	Rate	Check Here	Benefit	Rate	Check Here
Under 30	$25,000	$1.50	☐	$50,000	$3.00	☐	45 - 49	$25,000	$5.25	☐☐	$50,000	$10.50	☐☐
30 - 34	$25,000	$2.00	☐	$50,000	$4.00	☐	50 - 54	$25,000	$8.00	☐☐	$50,000	$16.00	☐☐
35 - 39	$25,000	$2.50	☐	$50,000	$5.00	☐	55 - 59	$25,000	$12.00	☐☐	$50,000	$24.00	☐☐
40 - 44	$25,000	$3.25	☐	$50,000	$6.50	☐							

☐ Children's coverage - $5,000 per child ($.70) ☐ Children's coverage - $10,000 per child ($1.40)

Beneficiary Designation for Term Life Insurance

Name: _____ SS# _____

Address: _____ Relationship to the applicant _____

_____ Beneficiary of the children's coverage will be the insured parent.

I request participation in the insurance plan offered by ReliaStar Life Insurance Company. I understand that, upon issuance of such insurance, I will become a Member of the NGAUS Insurance Trust. I understand that my employer, as a service performed for me, will make regular payroll deductions for the premiums. I direct that all experience credits declared as a result of my participation in the NGAUS Insurance Trust, after payment of Trust expenses, shall be paid to the National Guard Association of the United States or The National Guard Education Foundation, as determined by the NGAUS Insurance Trust. No obligation shall be incurred because of information furnished unless and until coverage is approved by ReliaStar Life Insurance Company and the first premium is paid in full.

You must be actively at work for the National Guard at the time you enroll, not already insured in the Plan you are enrolling for (you can add Supplemental Disability Coverage if you are currently enrolled in Basic Disability), and you must not have previously been denied coverage by ReliaStar Life. Payroll deduction for your selected coverage must begin by the 2nd pay period after the open enrollment period ends. For all details of this Insurance Program, see the Technician booklet at your HRO.

Signature of Applicant ✗ _____ Date (Mo / Day / Yr) _____

OPTIONAL BENEFITS

Are you interested in additional Group Term Life coverage for yourself? ☐ Yes ☐ No

Are you interested in Group Term Life coverage for your spouse? ☐ Yes ☐ No

FOR OFFICE USE ONLY Deduction amount for above coverages: ☐ New Coverage ☐ Additional

Basic LTD	Supplemental LTD			
Deduction Amount	Effective Date	1st Payroll Deduction	Transmittal Number HRO	Consec. Number

The application is not to be used in SC, SD, OH, OR, TX or NY.

White - Original-ReliaStar Canary - Payroll Office Pink - HRO Gold - Retain for your records. E-Shs: 110759

My Biz/My Workplace

My Biz/My Workplace is an online site that provides employees a way to view their records that are created through the HRO data system.

My Biz will also be used for performance management and will be the portal used to enter and discuss your performance ratings.

My Biz-How to Access

Log on to https://compo.dcpds.cpms.osd.mil

- Your CAC card must be registered to access this site.
- If you encounter problems accessing this site, please refer to the My Biz instruction packet on the HRO homepage or contact a systems technician in the HRO for further guidance.

Login : DCPDS Portal - Windows Internet Explorer
https://compo.dcpds.cpms.osd.mil/
File Edit View Favorites Tools Help
http://www.wv.ngb.army.... Login : DCPDS Portal

DCPDS PORTAL

News and Information

Last updated Feb 18, 2011 18:00 CDT

Announcing DoD's New *DCPDS Portal* - with a "News and Information" section for employees (My Biz), managers (My Workplace) and HR Professional users!

Self Service Users

Self Service, My Workplace, *Employee Emergency Contact Information* is enhanced to allow supervisors to print a consolidated list of emergency contact information for their employees and their subordinate supervisor's employees. Click here for more information.

HR Professional Users

Operation New Dawn with LAC 7BE has replaced Operation Iraqi Freedom with LAC 7AB and is available for coding Civilian Expeditionary Workforce (CEW) deployment.

Smart Card Access

Help

Returning Smart Card user? Login and select your non-email certificate when asked to choose a digital certificate. Login

First time Smart Card user or need to **make name changes**? Register before logging in. Register

Authorized Non-Smart Card (Non-CAC) Access

Returning Non-Smart Card user (Non-CAC)? Use the username and password fields below to login.

Portal Username:

Portal Password:

Login

First time Non-Smart Card (Non-CAC) User? Before using the DCPDS system, you must first register. Register

Password problems? You may go here if you have configured your account for automatic password resets. Reset

Reporting Problems

For personnel data concerns in "MyBiz", contact your Servicing Human Resources Office.

For technical problems (i.e., Smart Card issues, access problems, etc...) with the application, select the **Contact List** for your organization's computer support Help Desk.

CPMS Contact Information

Department of Defense
Civilian Personnel Management Service
HR Business Information Technology Solutions Division - HR-BITS
1400 Key Boulevard, B-200
Arlington, VA 22209-5144
http://www.cpms.osd.mil/

Done

Performance Management

Performance Rating	Description of Categories
5- Outstanding	**Outstanding performance in one or more critical element(s) and excellent performance for all other critical element(s).**
4- Excellent	**Excellent performance in one or more critical elements(s) and fully successful performance for all other critical element(s).**
3- Fully Successful	**Overall fully successful performance.**
2- Marginal	**Below fully successful performance for one or more critical element(s), but at least marginal performance for all critical element(s). Supervisor can deny a within grade or step increase. A formal PIP (performance improvement plan is required.**
1- Unacceptable	**Fails to meet at least the marginal performance standard in one or more critical element(s). Same as level 2; however a rating of 1 on any critical element results in an overall Level 1 rating of record.**
N/R	**Not Rated – Employee did not have opportunity to perform the critical element because it became obsolete or could not be accomplished due to extenuating circumstances.**

Performance Management

- A self assessment is your description of accomplishments related to the critical elements and performance standards identified in your performance plan.
- The self assessment should provide your supervisor with a clear picture of your performance and accomplishments.

Performance Management

The STAR FORMAT

- **S**ituation: Describe the Conditions under which you achieved your critical elements
- **T**ask: Describe what you did during the year to create the results you achieved
- **A**ctivity/ Action: Include additional activities you completed, or actions you took that contributed to your results
- **R**esult: Describe what you accomplished

Five Rating Level Evaluation Method

Valued performance can be rewarded

What Your Rating of Record Could Mean…

Performance Rating	Employees are eligible to receive…
5 - Outstanding	Quality Step Increase Sustained Superior Performance Time Off Award
4 - Excellent	Sustained Superior Performance Time Off Award
3 - Fully Successful	Time Off Award
2 - Marginal	Counseling, Mentoring, Coaching Increased Supervisory Assistance
1 - Unacceptable	Performance Improvement Plan (PIP)

Periodic Increases

WG's

For temporary, permanent and indefinite employees

- Step 2 – 26 calendar weeks of creditable service in Step 1.
- Step 3– 78 calendar weeks of creditable service in Step 2.
- Step 4 – 104 calendar weeks of creditable service in Step 3.
- Step 5 – 104 calendar weeks of creditable service in Step 4.

GS's

For permanent and indefinite employees only

- Steps 2,3,4 – 52 calendar weeks of creditable service
- Steps 5,6,7– 104 calendar weeks of creditable service
- Steps 8,9,10– 156 calendar weeks of creditable service

Pay Chart

Want to know when you will receive your first check? Well, the pay chart is your answer!

Refer to the Pay Chart under the forms section, find the pay period that we are currently in, look at either Army or Air to determine pay date.

Labor Relations

- The Association of Civilian Technicians (ACT) is the exclusive representative for West Virginia National Guard Technicians
- If you are not a Supervisor or a Management Official you are probably in a bargaining unit position.
- Bargaining Unit Employees have the right to:
  - FORM, JOIN, or ASSIST a labor organization;
  - ACT AS A REPRESENTATIVE of a labor organization;
  - BARGAIN COLLECTIVELY through a labor organization.

Labor Relations

- If you have a work issue you may consult with your Supervisor, an Association Official, a Shop Steward, or the Labor Relations Specialist at 304-561-6422
- Bargaining Unit Employees have access to:
  - Collective Bargaining Agreement (Contract)
  - Weingarten Rights;
  - Negotiated Grievance Procedures
  - Association Officials and Shop Stewards
  - Human Resources Office

Employee Assistance Program (EAP)

- The EAP is a referral service for our WVNG Employees.
- It is not a counseling service, nor does it provide treatment.
- It is not a condition of employment.

What is the Purpose of the EAP?

- To help Employees Cope with personal Problems that negatively affect their lives and which might intrude upon their jobs.

How do you enter the EAP?

- Self Referral
- Supervisory Referral

What happens once in the EAP?

- Authorized to use leave granted IAW appropriate leave policies and procedures, including FMLA.

Military Technician Bonus and Student Loan Repayment Information

Effective 25 February 2010:
Please read all the below information.

Military Technician Bonus and Student Loan Repayment Information

Bonus Examples:

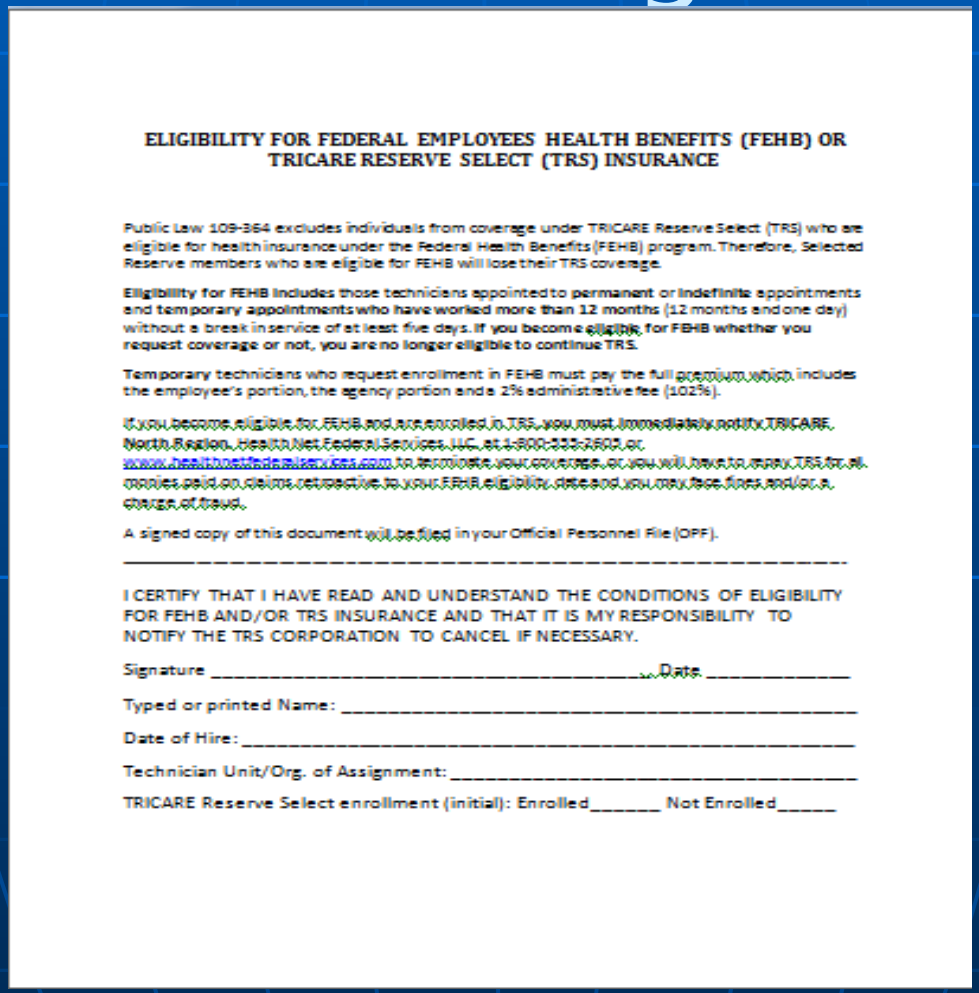
Military Technician Bonus and Student Loan Repayment Information

Loan Repayment Examples:

Military Technician Bonus and Student Loan Repayment Information

Point of Contact for all Bonus/ SLRP Questions is the incentives manager at 304-561-6370

TriCare Reserve Select coverage



ELIGIBILITY FOR FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) OR TRICARE RESERVE SELECT (TRS) INSURANCE

Public Law 109-364 excludes individuals from coverage under TRICARE Reserve Select (TRS) who are eligible for health insurance under the Federal Health Benefits (FEHB) program. Therefore, Selected Reserve members who are eligible for FEHB will lose their TRS coverage.

Eligibility for FEHB includes those technicians appointed to permanent or indefinite appointments and temporary appointments who have worked more than 12 months (12 months and one day) without a break in service of at least five days. If you become eligible for FEHB whether you request coverage or not, you are no longer eligible to continue TRS.

Temporary technicians who request enrollment in FEHB must pay the full premium which includes the employee's portion, the agency portion and a 2% administrative fee (102%).

If you become eligible for FEHB and are enrolled in TRS, you must immediately notify TRICARE North Region, Health Net Federal Services, LLC, at 1-800-333-2603 or www.healthnetfederalservices.com to terminate your coverage, or you will have to repay TRS for all monies paid on claims retroactive to your FEHB eligibility date and you may face fines and/or a charge of fraud.

A signed copy of this document will be filed in your Official Personnel File (OPF).

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE CONDITIONS OF ELIGIBILITY FOR FEHB AND/OR TRS INSURANCE AND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE TRS CORPORATION TO CANCEL IF NECESSARY.

Signature _____ Date _____

Typed or printed Name: _____

Date of Hire: _____

Technician Unit/Org. of Assignment: _____

TRICARE Reserve Select enrollment (initial): Enrolled_____ Not Enrolled_____

Reasons to Contact the HRO

- Qualifying Life Event (QLE)
- LWOP and RTD
- Name Change
- Changing your beneficiaries
- Leaving to accept another federal position
- Separation/resignation/retirement
- Questions, comments, concerns, etc

Absent Uniform Service (A-US) and Return to Duty (RTD)

- A-US
  - Before entering A-US you must contact HRO for a A-US Brief
  - This brief is very important, without it you will not be put back in pay status.
  - NOT CONTACTING HRO WHEN ENTERING A-US MAY CAUSE YOU TO INCUR DEBTS! It is extremely important for you to contact the HRO!!
- RTD
  - When entering return to duty status you are required to contact HRO for a RTD Brief
  - This brief is VERY important, without it you will not be put back in pay status.
  - It is the HR system's RTD that puts you back in pay status, not your timecard!

Name and Address Changes

- Name changes must be initiated through an SF52 being submitted to the HRO. A copy of your new social security card, or a letter from the social security office must accompany the SF52 in order for your name to be changed
- Any Address Change for both military and civilian records can be accomplished through your two separate MyPay accounts. Ensure that you update both with the new address.

myPay

Main Menu

Home | Exit

Last Date myPay Accessed: 04/04/2011

Your Army Reserve Component Pay Account

- Leave and Earnings Statement (LES)
- Savings Deposit Program (SDP) Statement

Pay Changes:

- Correspondence Address
- Turn on/off Hard Copy of LES

Direct Deposit:

- Net Pay EFT
- Travel EFT
- Miscellaneous EFT

Taxes:

- Federal and State Withholding
- Tax Statement (W-2)
- Student Loan Repayment Program (SLRP) W-2
- Travel / Miscellaneous Tax Statement (W-2)
- Turn on/off Hard Copy of W-2
- SDP Tax Statement 1099-INT

- Thrift Savings Plan (TSP)
- Travel Voucher Advice of Payment (AOP)
- SDP Withdrawal Request
- Email Address
- Personal Settings Page (Click here for details)

Your Army DoD Civilian Pay Account

- Leave and Earnings Statement (LES)
- Foreign Entitlements Statement

Pay Changes:

- Allotments
- Correspondence Address
- Direct Deposit
- Health Savings Account
- Turn on/off Hard Copy of LES

Taxes:

- Federal Withholding
- State Withholding
- Tax Statement (W-2)
- Travel / Miscellaneous Tax Statement (W-2)
- Turn on/off Hard Copy of W-2

- Travel Voucher Advice of Payment (AOP)
- Email Address
- Personal Settings Page (Click here for details)

The National Guard Federal Credit Union

All 130th and WV Army NG employees

http://www.wvngfcu.com/

Location:

1512 Coonskin Drive
Charleston, WV 25311
304-342-2422

The National Guard Federal Credit Union

167th Employees

http://www.167tfrfcu.com/

2 Convenient Locations:

(Close to Base)
4400 Winchester Avenue
Martinsburg, WV 25405
304-263-0260

Leaving Federal Employment

Just like you came to HRO for your IN-PROCESSING, you are REQUIRED to contact HRO for an OUTBRIEF. Your supervisor must submit an SF 52 to HRO indicating your separation.

If you are transferring to a position in another Federal Agency it is VERY IMPORTANT that you provide a good POC for that agency so the HRO can coordinate a smooth transfer of all of your benefits and your leave, and request your records. If the transfer is done incorrectly then there may be a delay in your PAY.

Congratulations!

Now that you have completed this presentation below is a checklist to help you determine what you need to turn in:

____ All DD214's and Title 10 Orders
____ Copy of 2 forms of Identification
____ SF 61 Appointment Affidavit
____ Form I-9 Employment Eligibility Verification

..... Continued on next Slide

____ OF 306 Declaration for Federal Employment
____ W-4 Withholding Statement
____ 1199A Direct Deposit
____ Form CD 525 Employee Address
____ DD 2058 State Tax Information
____ SF 256 Self Identification of Handicap
____ SF 181 Ethnicity and Race Info
____ SPMO Form 12 Standards of Conduct
____ SF 144 Statement of Prior Federal Svc
____ Army Only- MOS Training Agreement
____ Personal Contact Sheet
____ TriCare Reserve Select Memo of Understanding
____ OWCP Memo
____ NGAUS Enrollment Form (if applicable)

167th Employees ONLY

- You will need to turn in all required documentation to the HR Liaison at the 167th.
- The next slide does NOT apply to you.

130th and Army Next step: Turn in your completed packet to the Human Resource Office ASAP but **no later than** **Friday** of the First week of your new employment!

130th technicians MUST take pay documents to the finance office ASAP.

Talk with your supervisor to ensure forms are sent to the HRO. If not received by the first Friday, you may not get paid on time!

Scan and Email documents to

techbenefits@wv.ngb.army.mil

OR

Fax forms to 304-561-6435

Attn: Tech Benefits

(With coversheet and number of pages faxed)

Primary Points of Contact

For all Benefits Related questions:304-561-6428

For all Retirement and OWCP questions: 304-561-6429

*Or you may contact the Employee Relations Specialist at 304-561-6431 regarding general inquiries.

The Next Part

On October 1, 2010, the National Guard entered in an agreement with the Army Benefits Center-Civilian that allows the ABC-C to process retirement and benefits information and provide benefits counseling to our Army AND AIR! Technicians.

You will next learn about the services that the ABC-C offers, electing your benefits, and more about your retirement!

Welcome to the Army Benefits Center-Civilian New Employee Orientation

Welcome!!

Army Benefits Center-Civilian
303 Marshall Avenue
Fort Riley, Kansas 66442

Agenda

- Federal Employees Health Benefits (FEHB)
- Thrift Savings Plan (TSP)
- Federal Employees Group Life Insurance (FEGLI)
- Employee Benefits Information System (EBIS)
- Interactive Voice Response System (IVRS)
- Flexible Spending Accounts (FSA)
- Federal Long Term Care Insurance Program (FLTCIP)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)

Agenda

- Civil Service Retirement System (CSRS)
- Federal Employees Retirement System (FERS)
- Military Deposit (P-56)
- Retirement Eligibility
- Death–In-Service
- Beneficiary Forms

Federal Employees Health Benefits Eligibility

www.opm.gov

- Must be in a position subject to retirement deductions (FERS, CSRS, or CSRS Offset)
- Temporary appointments must be longer than 365 days
- Part time employees will pay a higher premium based on the number of hours worked per pay period
- Coverage is NOT automatic
- No waiting period for coverage
- No pre-existing conditions

Premium Conversion

- Pre-tax benefit: Health Insurance premiums will be deducted prior to taxes
- You will be automatically enrolled in Premium Conversion unless you waive it
- Premium Conversion allows you to save on Federal taxes, State taxes and Social Security deductions

FEHB

- There are many plans available, including nationwide plans
- To see a list of all available plans visit:

  http://www.opm.gov/insure
- It is your responsibility to research the available plans and ensure that the plan you select covers your area
- Normally, the effective date will be the first day of the next pay period after the election is made
- Notify ABC-C immediately if your FEHB information is not correct on your Leave and Earnings Statement (LES)

FEHB Time Frame

- As a new employee, you must make an election within 60 days of your 1st eligibility date or entrance on duty date
- You may make changes outside the 60 day window with a Qualifying Life Event (QLE) or during the annual Open Season
- Open Season begins the 2nd Monday in November and runs through the 2nd Monday in December effective on the 1st full pay period in January

Thrift Savings Plan (TSP)

- Tax deferred retirement savings/investment plan
- Provides the opportunity to increase your retirement income
- You must be in a position subject to retirement deductions (FERS, CSRS, or CSRS Offset)

TSP Enrollment

- You may start, stop, or change your contribution amount at any time
- In an effort to emphasize the importance of the TSP to Federal Civilian Retirement, the Thrift Savings Plan Enhancement Act of 2009 (PL 111-31) introduced several changes to the TSP.

  One major change took effect August 1, 2010. Any employee hired after that date is AUTOMATICALLY ENROLLED to contribute 3% of their basic salary to the TSP.
- Contribution Limit for 2011 is $16,500

TSP Matching

- As a FERS participant, you will receive agency matching contributions on the first 5% that you contribute per pay period
- The first 3% is matched dollar for dollar
- The next 2% is matched 50 cents for every dollar

Agency Contributions to Your Account (FERS Employees Only)

You put in:	Your agency puts in:		And the total contribution is:
	Automatic (1%) Contribution	Agency Matching Contribution	
0%	1%	0%	1%
1%	1%	1%	3%
2%	1%	2%	5%
3%	1%	3%	7%
4%	1%	3.5%	8.5%
5%	1%	4%	10%
More than 5%	1%	4%	Your contribution + 5%

TSP Fund Allocation

- Until you make your fund allocation on the TSP website, all of your funds will be invested in the G fund
- You may re-allocate your TSP funds or transfer funds twice a month. You may make unlimited transfers to the G fund. There is no Open Season.
- To allocate your TSP funds you will need to access the TSP website at http://www.tsp.gov using your TSP account number or customized user ID and web password

TSP

- TSP offers two approaches to investing your money: L Funds and Individual Funds
- L Funds are “Lifecycle Funds” that are invested according to a mix of stocks, bonds and Government securities
- L Funds are based on your “time horizon”
- Individual Funds are the G, F, C, S and I funds

Funds - Windows Internet Explorer
https://www.tsp.gov/investmentfunds/lfundsheet/fundPerformance_L2050.shtml
Identified by VeriSign Class 3 Public Pri...
Live Search
Favorites Tools Help
West Virginia National Gua...
TSP: Lifecycle Funds

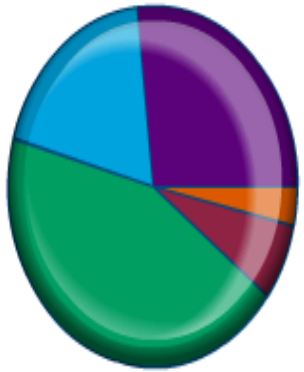
Lifecycle Funds

L 2050

Who Should Invest
For participants who will begin to withdraw their money after 2045.

Objective
To achieve a high level of growth with a very low emphasis on preservation of assets.

Asset Allocations:
The Fund's allocation in the G, F, C, S, and I Funds is adjusted quarterly. To see how this works, use the slide bar below the pie. L 2050 will roll into the L Income Fund automatically in July 2050 when its allocation becomes the same as the allocation of L Income Fund.



Month	Year
January	2011

G Fund	3.50%
F Fund	7.00%
C Fund	43.80%
S Fund	18.90%
I Fund	26.80%

TSP Catch-Up

- TSP Catch-Up is open to participants who will be age 50 or older in the year they elect to contribute ($5,500 limit for 2010)
- You must be contributing the full IRS yearly limit in order to be eligible ($16,500 for 2010)
- Agency matching contributions do not apply
- You must make a new election every year

TSP

- You may review the TSP booklet Summary of the Thrift Savings Plan (TSPBK08) on the TSP site at **http://www.tsp.gov**

- Call TSP at 1-877-968-3778 for additional information

Federal Employees' Group Life Insurance (FEGLI) Eligibility

- You must be in a position subject to retirement deductions (FERS, CSRS, or CSRS Offset)
- Your work schedule can be part time or full time
- You will be automatically enrolled in Basic coverage unless you waive it

FEGLI Enrollment

- Elections can be made through the automated telephone system (IVRS) or through the website using EBIS
- You may waive or decrease your coverage at any time
- You must have Basic coverage in order to elect Optional coverage
- Notify ABC-C immediately if your FEGLI coverage is not correct on your LES

Basic Life Insurance

- Equal to annual basic pay rounded to the next higher $1000 plus an additional $2,000

  Example:

  $51,400 = $52,000 + $2,000 = Amt of Basic $54,000
- Provides an extra benefit if you are under 45 yrs of age at no additional cost
- Extra benefit doubles the amount of basic insurance if you die prior to age 35
- Decreases by 10% each year until there is no extra benefit if you die at age 45 or older

Optional Life Insurance

- Option A: $10,000
- Option B: Provides an amount 1-5 multiples of your annual basic pay rounded to the next higher $1,000
- Option C: Provides coverage for your spouse and eligible children equal to 1-5 multiples; $5,000 per multiple for your spouse and $2,500 per multiple for your eligible children

FEGLI Time Frame

- You have 60 days from your 1st eligibility date or entrance on duty date to elect Optional coverage
- If you elect Optional coverage it will be effective the same day (you must be in pay and duty status)
- If you fail to elect Optional coverage during the 31 day window, you will only be allowed to elect additional coverage if you have a life event, during Open Season, or (after 1 year) by submitting to a medical exam and applying to OFEGLI with an SF 2822

FEGLI – Emergency Essential or Deployed for Contingency Operation

- If you are designated as emergency essential or deploying in support of a contingency operation, you can elect the following coverage with no QLE or physical:
  - Can elect Basic only
  - Can add Option A
  - Can add Option B or increase current multiples
- Enrollment must be made on a SF 2817 Life Insurance Election and sent to the ABC-C, this can’t be processed through EBIS or IVRS

ABC-C Automated Systems

Employee Benefits Information System (EBIS)

- Secured Web based application
  https://www.abc.army.mil
- Available 24 hours a day
- Create and process electronic benefit elections
- Requires use of AKO username and password or Common Access Card (CAC) authentication
- Requires use of SSN and PIN
- Allows you to print pending benefits transactions

ABC-C Web Site - Windows Internet Explorer

https://www.abc.army.mil/

File Edit View Favorites Tools Help

ABC-C Web Site

ARMY BENEFITS CENTER-CIVILIAN

The ABC-C

Search

Home | Site Map | Contact Us

Benefit Topics

- Court Ordered Benefits
- Forms
- Health Insurance
- Life Insurance
- Open Seasons
- Retirement
- TSP
- Uniformed Services

What's Hot!

- I want to retire!
- Help, I am a new employee!
- How do I make a deposit/redeposit?
- How do I change my beneficiary?
- Leave Without Pay (LWOP)

Announcements

- The ABC-C will close at 1245 CT on Thursday, 19 March 2009. Benefits counselors will not be available during this time. Normal business operations will resume on Friday, 20 March 2009 at 0600 CT.
- The Thrift Savings Plan (TSP) amounts for 2009 have been published. The maximum contribution amount for regular TSP is $16,500; and $5,500 for TSP Catch-Up. Click here for the charts to assist you in planning your regular and Catch-Up TSP contributions to reach the maximum for 2009.
- The ABC-C has a new mailing address: **Army Benefits Center - Civilian, 303 Marshall Avenue, Fort Riley, KS 66442-5004**

Newsletters

- ABC-C Newsletter - December 08
- Archived Newsletters

HR Professionals

- CPAC/HR Representative Information
- Death Reporting

If you are accessing the Employee Benefits Information System (EBIS) website through the Army network, you will need your SSN and 6-digit ABC-C PIN. If you are accessing the EBIS website via the ABC-C homepage, you will first need to authenticate with your Army Knowledge On-Line (AKO) userid and password and then will need your SSN and

How Do I Access the ABC-C?

Employee Benefits Information System (EBIS)

IVRS Automated Telephone System

IVRS Menu Chart

Useful Links

- Army Knowledge Online (AKO)
- CPOL Employee Portal (Army Portal)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
- Federal Employees Flexible Spending Account (FSAFEDS)
- Field Advisory Services (FAS)
- Long Term Care Insurance (LTCI)
- myPay
- Office of Personnel Management (OPM)
- Social Security Administration (SSA)
- Thrift Savings Plan (TSP)

Done | Trusted sites | 100%

Start | Inbox - Microsoft Outlook | New Employee Orientati... | Microsoft PowerPoint - [... | ABC-C Web Site - Win... | 7:19 AM

SiteMinder Password Services - Windows Internet Explorer

https://www.ebis.army.mil/login/login.fcc?TYPE=33554433&REALMOID=06-00034ad3-7fbb-1489-b1a1-832f882f304d&GUID=&SMAUTHREASON=0&METH

File Edit View Favorites Tools Help

Favorites | All recipes – complete resou... | Garmin Garage | Pandora Radio - Listen to Fr... | The Cookbook of the 50+ F... | CHBC Homepage

SiteMinder Password Services

ARMY BENEFITS CENTER-CIVILIAN (ABC-C)
303 MARSHALL AVENUE
FORT RILEY, KS 66442-5004
(877) 276-9287

Home | Site Map | Contact Us

First Name.Last Name

Employee Login
(with an AKO Account)

AKO Username:

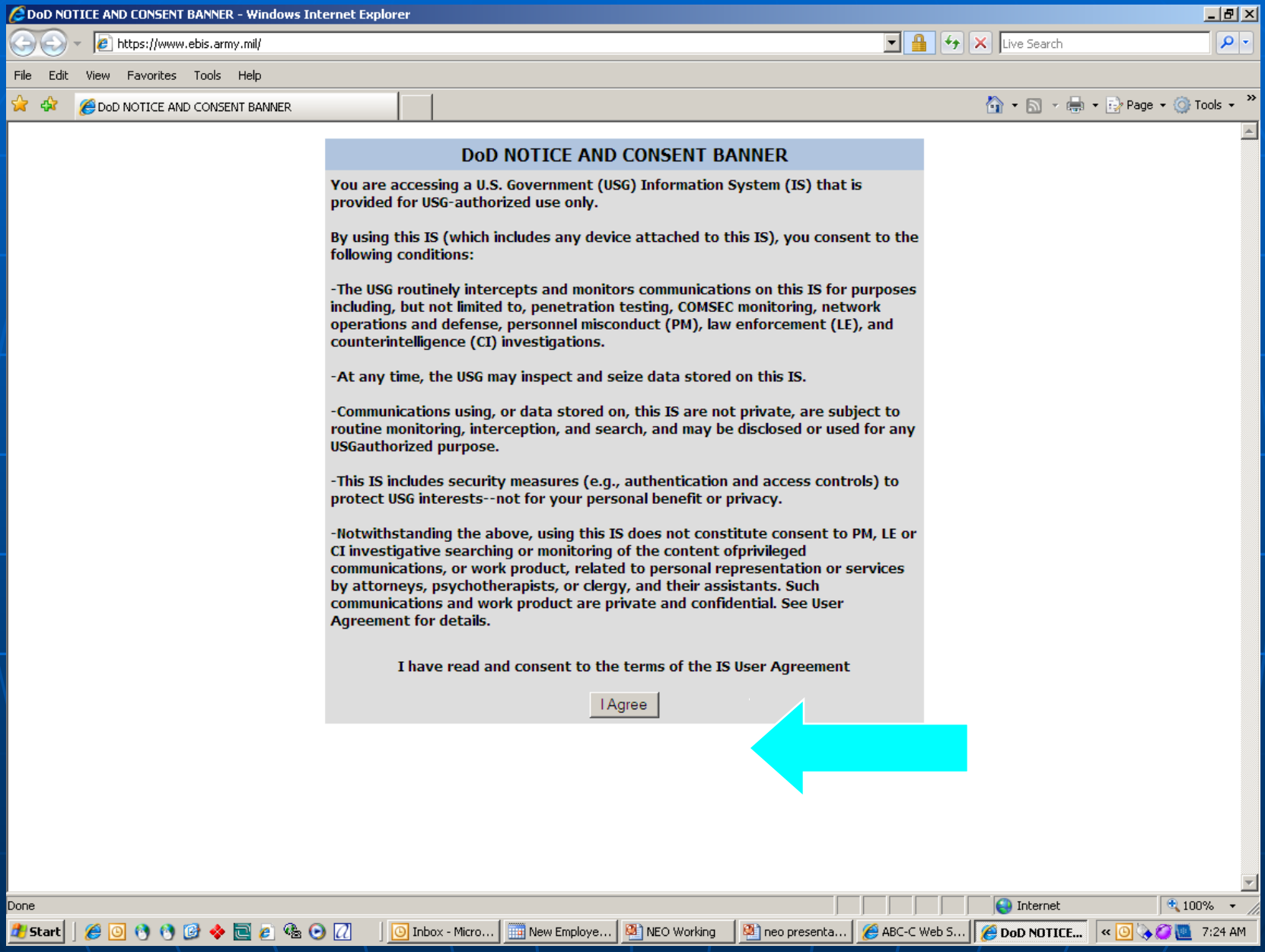
AKO Password:

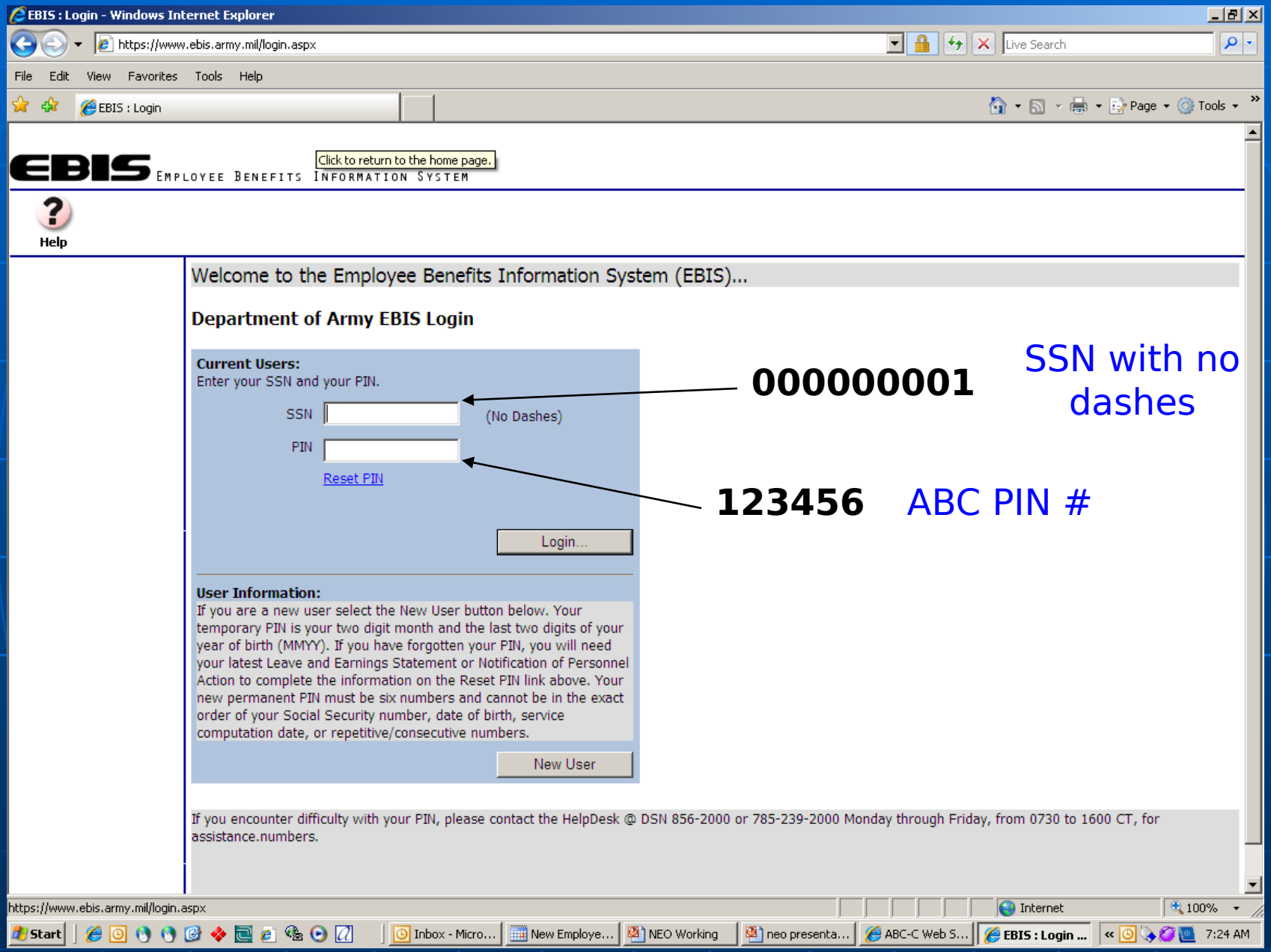
Ralphy11@@

Login

CAC Employee Login
(Using Common Access Card)

Or log in by CAC


DoD NOTICE AND CONSENT BANNER - Windows Internet Explorer
https://www.ebis.army.mil/
Live Search
File Edit View Favorites Tools Help
DoD NOTICE AND CONSENT BANNER
Page Tools
DoD NOTICE AND CONSENT BANNER
You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only.
By using this IS (which includes any device attached to this IS), you consent to the following conditions:
-The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
-At any time, the USG may inspect and seize data stored on this IS.
-Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USGauthorized purpose.
-This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.
-Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content ofprivileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.
I have read and consent to the terms of the IS User Agreement
I Agree
Done
Internet
100%
Start
Inbox - Micro...
New Employe...
NEO Working
neo presenta...
ABC-C Web S...
DoD NOTICE...
7:24 AM


EBIS : Login - Windows Internet Explorer
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Live Search
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EBIS : Login
Page Tools
EBIS
EMPLOYEE BENEFITS INFORMATION SYSTEM
Click to return to the home page.
Help
Welcome to the Employee Benefits Information System (EBIS)...
Department of Army EBIS Login
Current Users:
Enter your SSN and your PIN.
SSN
(No Dashes)
PIN
Reset PIN
Login...
User Information:
If you are a new user select the New User button below. Your temporary PIN is your two digit month and the last two digits of your year of birth (MMYY). If you have forgotten your PIN, you will need your latest Leave and Earnings Statement or Notification of Personnel Action to complete the information on the Reset PIN link above. Your new permanent PIN must be six numbers and cannot be in the exact order of your Social Security number, date of birth, service computation date, or repetitive/consecutive numbers.
New User
If you encounter difficulty with your PIN, please contact the HelpDesk @ DSN 856-2000 or 785-239-2000 Monday through Friday, from 0730 to 1600 CT, for assistance.numbers.
000000001
SSN with no dashes
123456
ABC PIN #
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100%
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NEO Working
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ABC-C Web S...
EBIS : Login ...
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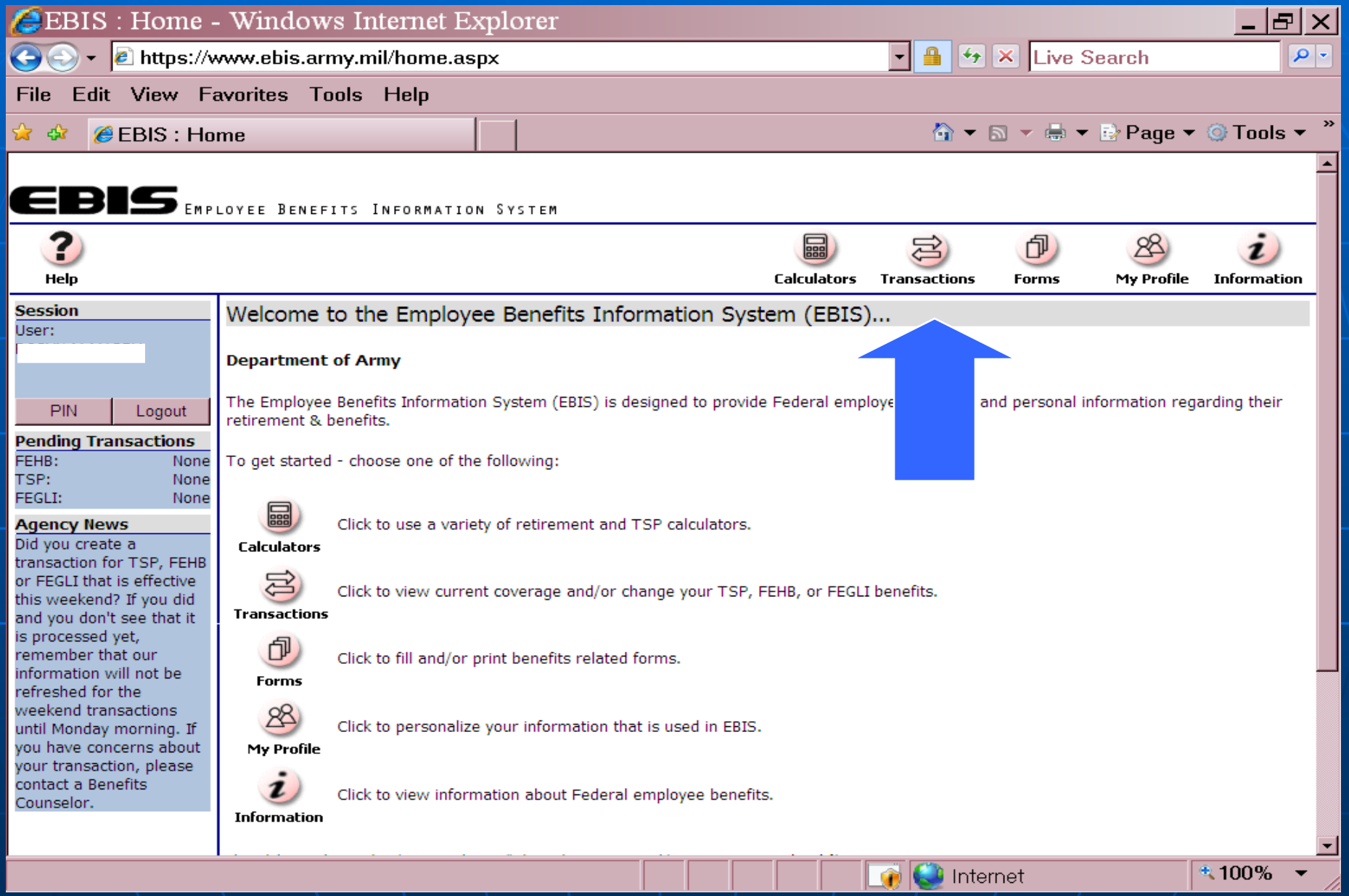

EBIS : Home - Windows Internet Explorer
https://www.ebis.army.mil/home.aspx
Live Search
File Edit View Favorites Tools Help
EBIS : Home
Page Tools
EBIS
Employee Benefits Information System
Help
Calculators
Transactions
Forms
My Profile
Information
Session
User:
PIN
Logout
Pending Transactions
FEHB: None
TSP: None
FEGLI: None
Agency News
Did you create a transaction for TSP, FEHB or FEGLI that is effective this weekend? If you did and you don't see that it is processed yet, remember that our information will not be refreshed for the weekend transactions until Monday morning. If you have concerns about your transaction, please contact a Benefits Counselor.
Welcome to the Employee Benefits Information System (EBIS)...
Department of Army
The Employee Benefits Information System (EBIS) is designed to provide Federal employe and personal information regarding their retirement & benefits.
To get started - choose one of the following:
Calculators
Click to use a variety of retirement and TSP calculators.
Transactions
Click to view current coverage and/or change your TSP, FEHB, or FEGLI benefits.
Forms
Click to fill and/or print benefits related forms.
My Profile
Click to personalize your information that is used in EBIS.
Information
Click to view information about Federal employee benefits.
Internet
100%

FEHB Current Coverage

You are currently not enrolled in FEHB.

Change

FEHB Pending Transaction

You have no pending transactions.

Void

TSP Current Coverage

You are currently contributing to TSP.

Retirement Plan	FERS
Contribution Amount	$0.00
Contribution Percent	5%

Change

TSP Pending Transaction

You have no pending transactions.

Void

FEGLI Current Coverage

All FEGLI amounts and costs are based on your age as of the pay period ending date: 08/19/2006.
Enrollment Code: C0

Coverage Type	Amount of Coverage	Cost Per Pay Period	Multiple Factor

FEGLI Pending Transaction

You have no pending transactions.
If you completed a FEGLI transaction that is effective today there will be no pending transaction.

Interactive Voice Response System (IVRS)

- Automated Self-Service Phone System
- To access call toll free 1-877-276-9287
- TDD: 1-877-276-9833 (Hearing Impaired)
- Requires use of SSN and PIN (initially the PIN is your mm/yy of birth, then you will be prompted to create a 6 digit PIN)
- Available 24 hours a day
- Counselors are available 12 hours per day from 6:00 a.m. – 6:00 p.m. Central Time

Army Benefits Center - Civilian
1-877-276-9287

Initial Options

Select:
1= Army Civilian
2= DCMA Civilian
3= National Guard
4= NAF or Uniformed Services Member

Select:
1= Customer Service Survey
2= Access Benefits and Entitlements
Select:
1= Current or Separated Civilian Employee
2= Retiree or Surviving Spouse
3= Seeking Temporary Continuation of Coverage (FEHB Only)

To access Benefits and Entitlements:
1= Enter SSN and PIN
1= Change your PIN
2= Continue
2= Forgot PIN
Current Duty Phone
1= Correct
2= Change

Main Menu:
0= Benefits Counselor
1= FEHB
2= Retirement
3= TSP
4= FEGLI
6= Fax Document
9= Exit System

Menu Information Available after Main Menu Option Selected

1 = FEHB:
1= General Information
2= Personal Information
3= New Employee Election
4= Change from Self and Family to Self Only (without changing plan)
5= Open Season Election
6= Cancel FEHB
7= Non-Open Season Change
8= Fax of latest SF 2809
0= Counselor
9= Previous Menu

2 = Retirement:
1= General Information
2= Personal Information
3= Retirement Estimate
0= Counselor
9= Previous Menu

3 = TSP:
1= Personal Information
2= TSP Election
4= Stop Contributions
5= TSP Catch-Up Election
0= Counselor
9= Previous Menu

4 = FEGLI:
1= General Information
2= Personal Information
3= New Employee Election
4= Non-Open Season Election
5= Open Season Election
6= Fax of Open Season Election
0= Counselor
9= Previous Menu

6 = Faxed Documents:
1= Request a Document
2= Index of Documents
9= Previous Menu

Flexible Spending Account (FSA)

- Allows you to pay for certain health/dependant care expenses with pre-tax dollars
- If you are eligible for FEHB, you are eligible for FSA
- You have 60 days from your 1st eligibility date or entrance on duty date to enroll, or you can enroll during the annual Open Season
- You must reenroll every year
- Use it or lose it

Flexible Spending Accounts (FSA)

To receive more information regarding FSAs, please contact a FSA counselor

Email: fsafeds@shps.net
Telephone: 1-877-FSAFEDS (372-3337)
TTY: 1-800-952-0450

Mon-Fri 9AM-9PM Eastern Time
Closed Weekends and Holidays
http://www.fsafeds.com

Federal Long Term Care Insurance Program (FLTCIP)

- Long term care insurance provides funds if you can no longer perform everyday tasks for yourself
- Care can be provided in a variety of settings: your home, a nursing home, hospice care or other assisted living facilities
- You may apply within 60 days of your entrance on duty date
- You may apply at anytime with the longer underwriting procedure

Federal Long Term Care Insurance Program (FLTCIP)

Want to talk with a Certified Long Term Care Insurance Consultant?

Tel: 1-800-LTC-FEDS (1-800-582-3337)

TTY: 1-800-843-3557

Mon - Fri 8 a.m. - 8 p.m. EST

Sat 9 a.m. - 5 p.m. EST

Closed Sun and Federal holidays

http://www.ltcfeds.com

Offered by: John Hancock

Federal Employees Dental and Vision Insurance Program FEDVIP

- Federal Employees Dental and Vision Insurance Program (FEDVIP) is available to eligible employees and their family members
- Stand alone Dental and Vision Insurance
- Competitive premiums
- Pre-tax payroll deduction
- Can enroll in dental, vision, or both
- You may apply within 60 days of your entrance on duty date or during the Open Season

FEDVIP

www.opm.gov

Self Only **Self & One** **Self & Family**

Dental Benefits

Diagnostic
Preventative
Emergency Care
Restorative
Oral/Maxillofacial Surgery
Endodontic
Periodontics
Prosthodontics
Orthodontics

Vision Benefits

Diagnostic Services
Preventative Services
Eyewear
Glasses
Contacts

FEDVIP

http://www.benefeds.com

Mon-Fri 9 a.m. – 7 p.m. ET
Closed Weekends and Holidays

Telephone: 1-877-888-FEDS (1-877-888-3337)
TTY: 1-877-889-5680

Retirement Planning

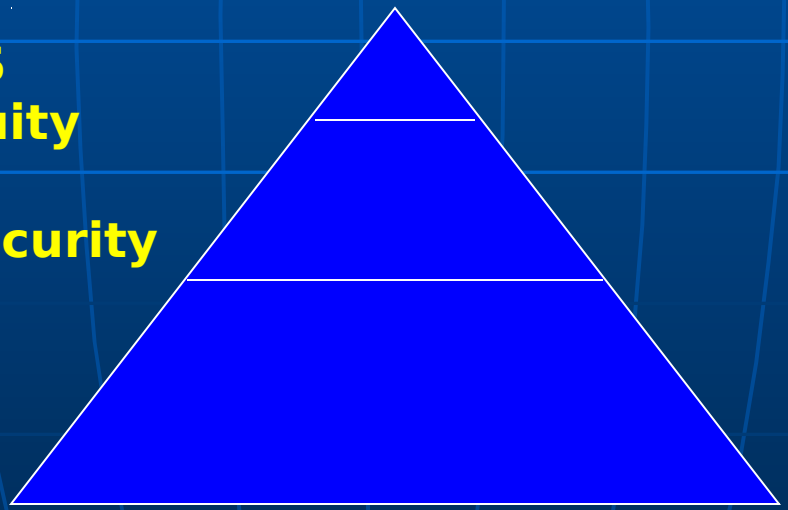
- If you are a new employee in a covered position, you will be placed in the Federal Employees Retirement System (FERS)
- If you had 5 years of creditable civilian service as of 12/31/1986 or as of your last break, and had a break in service of more than 365 days, you will be placed in the Civil Service Retirement System (CSRS) Offset with a 6 month period to elect FERS
- If you had 5 years of creditable civilian service as of 12/31/1986 or as of your last break, and had a break of less than 365 days, you will be placed in CSRS

FERS Retirement

FERS is a 3-tiered retirement system

FERS annuity is the smallest component

TSP WILL make up the largest portion of your total retirement



CSRS Retirement

- You are only eligible to be placed in CSRS or CSRS Offset if you had 5 years of creditable civilian service as of 12/31/1986 or as of your last break
- Under CSRS Offset, you are also contributing to Social Security
- Your CSRS Offset annuity will be offset if you are eligible for Social Security at age 62 or at retirement which ever is later

Military Deposit

Pre 01-01-57 Military Service

No deposit required for creditable military service performed prior to 01-01-57

IT'S FREE!!

FERS Post-56 Military Service

FERS Military Service on/after

01-01-57

↓

Must Pay to Receive Credit for Retirement Eligibility and Annuity Computation

Amount of Deposit:

3% of basic pay earned + interest

Interest may vary by date service was performed

FERS Credit For Post-56 Military Service

IN RECEIPT OF MILITARY RETIRED PAY

Based on Non – Combat Disability or Length of Service (includes campaign time)

No credit unless Military Retired Pay is Waived and Deposit is Paid

Based on Combat Disability or Chap 1223, Title 10 (Reserves)

Must Pay to Receive Credit for Eligibility & Annuity Computation

CSRS Credit For Post-56 Military Service

IN RECEIPT OF MILITARY RETIRED PAY

Based on Non – Combat Disability or Service

No Credit unless Military Retired Pay is waived

Based on Combat Disability or Chap 1223, Title 10 (Reserves)

Hired On or After 10-1-82? See Next Slide

Crediting Post 1956 Active Duty Military Service Toward CSRS Retirement

If first hired under CSRS prior to 10-01-1982:

- Full credit for military service from date of retirement until age 62
- Optional Deposit
- If eligible for Social Security at age 62, military service will be deleted from the CSRS retirement benefit unless military service deposit was paid prior to retirement.
- Amount of Deposit:
  - 7% of basic pay earned + interest
  - Interest will vary by date service was performed

Crediting Post 1956 Active Duty Military Service to CSRS Retirement

If first hired under CSRS **AFTER** 09-30-1982:

- No credit for military service unless military service deposit is paid
- In all retirement cases, military deposit **must** be paid prior to OPM's final adjudication of the retirement application

How Do I Make a Military Deposit?

ABC-C Fax # 785-239-6228

- Complete form RI 20-97, *Estimated Earnings During Military Service,* and send to the appropriate branch of service (addresses and fax numbers are on the ABC-C website). Include copies of all of your DD 214s
- Once you receive the completed RI 20-97, fax or mail it with your DD 214 and SF 2803/SF 3108 and SF 3108A to the Army Benefits Center-Civilian
- Payments are made directly to DFAS-Cleveland
- Ensure a copy of the "Payment in Full" notice is filed in OPF
- The first 2 years are interest free, the 3rd year is interest deferred

Civilian Deposit Service

- Civilian service not covered by retirement deductions (typically service in which you only paid into Social Security)
- Typically temporary or indefinite service
- Effect of deposit service upon retirement annuity computation depends upon retirement plan
- Amount of deposit is equal to deductions that would have been withheld (based on retirement plan) plus interest

Effect of Deposit Service on CSRS Retirement Annuity

Prior to 10-01-1982

- Creditable for retirement eligibility
- Creditable for computation of annuity

The annual annuity will be reduced by 10% of the amount owed

Effect of Deposit on CSRS Retirement Annuity

After 09-30-1982

Creditable for eligibility to retire; but not creditable for computation of annuity unless deposit is paid

FERS Deposit Service

Non-Deduction Service prior to 01-01-1989

Deposit Made

↓

Credit for eligibility (RSCD) and Annuity Computation

Deposit Not Made

↓

No credit for eligibility (RSCD) and Annuity Computation

FERS Deposit Service

Non-Deduction Service on or after

01-01-89

DEPOSIT NOT ALLOWED

No credit for Eligibility or Annuity Computation

Redeposit Service

- Service for which retirement deductions were withheld but later refunded after a separation from Federal service
- Effect of redeposit service upon retirement annuity computation depends upon retirement plan and the date refund was received
- Amount of redeposit is equal to amount of refund plus interest (interest accrues from date of refund check)

Effect of Redeposit Service on CSRS Retirement Annuity

If refund was taken prior to 03-01-1991:

- Service is creditable for eligibility to retire and for computation of annuity
- Annuity is subject to a permanent actuarial reduction based on the employee's age and the amount owed at the time of retirement

Effect of Redeposit Service on CSRS Retirement Annuity

If refund was taken after 02-28-1991:

Service is creditable for determining eligibility to retire, but not for computation of annuity unless redeposit is paid.

FERS
Refunded Service

FERS Service for which retirement contributions were refunded to you

FERS REDEPOSIT IS NOW ALLOWED!

Note:

- **FERS with CSRS component, CSRS rules apply**
- **FERS with no CSRS component, FERS rules apply**

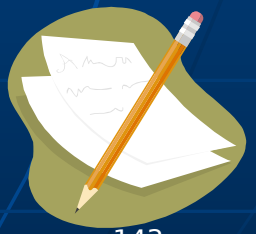
Effect of Redeposit Service On FERS Retirement Annuity

Refunded CSRS Service is credited under FERS if you had **less than 5 years**

Make Redeposit	Don't Make Redeposit
Creditable toward meeting retirement eligibility Creditable for computing annuity	Not creditable toward meeting retirement eligibility Not creditable for computing annuity

How To Pay A Civilian Deposit Or Redeposit

- Complete front page of SF 2803/SF 3108, *Application to Make Service Credit Payment* and send or fax to the ABC-C
- ABC-C will calculate an estimated deposit/redeposit amount and mail to OPM
- OPM will notify you of final deposit/redeposit amount and payment procedures
- OPM will send you a receipt and new balance each time payment is made
- Ensure “Payment in Full” notice is filed in OPF



FERS
Optional Retirement

Eligibility requirements for Optional Retirement:

- Minimum Retirement Age (MRA) with 30 years of service
- Age 60 with 20 years of service
- Age 62 with 5 years of service

- MRA with at least 10 years but less than 30 years of service
  - 5% reduction for each year under age 62 (permanent reduction)
  - Not entitled to annuity supplement

- NOTE:
  - Must have at least 5 years of creditable civilian service
  - Military service or sick leave may not be used to reach the 5 year rule

CSRS
Optional Retirement

Eligibility requirements for Optional Retirement:

- Age 55 with 30 years of service
- Age 60 with 20 years of service
- Age 62 with 5 years of service

- NOTE:
  - Must have at least 5 years of creditable civilian service
  - Military service or sick leave may not be used to reach the 5 year rule

Disability Retirement-FERS

- To qualify for a disability retirement, you must have at least 18 months of creditable **civilian** service
- To apply, you must complete regular retirement forms as well as the Disability Retirement forms
- You are required to apply for Social Security
- It can take OPM 2-6 months to approve or disapprove your request
- Disability retirement annuities ARE subject to Federal taxes

Disability Retirement-CSRS

- To qualify for a disability retirement, you must have at least 5 years of creditable **civilian** service
- To apply, you must complete regular retirement forms as well as the Disability Retirement forms
- It can take OPM 2-6 months to approve or disapprove your request
- Disability retirement annuities ARE subject to Federal taxes

Death-In-Service

- If you die while still an active employee, your survivor ***MAY*** be entitled to death benefits
- In the event of your death, your survivor needs to contact your supervisor, who contacts the Human Resources Office (HRO)
- The HRO will contact ABC-C
- An ABC-C counselor will contact your survivor within 24 hours

Beneficiary Forms

- SF 1152 - Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employee
- SF 2808 - Designation of Beneficiary, Civil Service Retirement System (CSRS)
- SF 3102 - Designation of Beneficiary, Federal Employees Retirement System (FERS)
- SF 2823 - Designation of Beneficiary, Federal Employees' Group Life Insurance Program
- TSP-3 - Designation of Beneficiary, Thrift Savings Plan (TSP)

For Additional Information

Toll Free: 1-877-276-9287
Hearing Impaired TDD: 1-877-276-9833
Fax: 1-785-239-6228
Counselors available from 6 a.m. to 6 p.m. CT
Website: https://www.abc.army.mil
Address: Army Benefits Center-Civilian,
303 Marshall Avenue,
Fort Riley, KS 66442

Outside of the U.S.

Belgium: 0800-78245
Germany: 0800-1010282
Italy: 0800-780821
Japan: 00531-1-20378
Korea: 00798-14-800-4766
Kuwait: 1-877-276-9287 (Dial 809-463-3376 for DSN line, wait for a tone, then dial the toll free number)
Netherlands: 0800-0232739
Saudi Arabia: 1-877-276-9287
United Kingdom: 08-000857723

If you have additional questions please feel free to contact us at our toll free number